The Canadian Nurse

A Monthly Journal for the Nurses of Canada
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SEEKING NEW LIGHT

A physician who is a friendly but keen critic of nurses and nursing attended an annual meeting of one of our Provincial Associations not long ago. At its close he remarked that while he had heard much of the *organization* of nurses for one purpose or another he had heard little or nothing of the *practice* of nursing. "They talked about education," he said, "and about economic conditions and professional standards, but never said a word about the practice of nursing." This criticism of our Association meetings (if indeed it be a criticism) has also been made by nurses themselves. They complain that they travel long distances, often at considerable expense, only to listen to reports of committees whose activities do not greatly interest them. Prolonged discussions about the revision of the constitution and by-laws leave them cold; what they would like to do is to talk about nursing. In the best sense of the word they want to talk shop; and there is not usually much time for that on the crowded agenda of nursing organizations.

Is there a remedy? Yes, there is — and it is already in use all over the country. From Halifax to Vancouver comes word of refresher courses, institutes, educational conferences, all of which are designed with one purpose in view: to talk about nursing practice as distinct from nursing organization. In most cases, though not in all, these activities are sponsored by the provincial associations of registered nurses. In other words, the nursing organizations are themselves alive to the situation and realize that steps must be taken to provide a forum for the discussion of nursing practice. They reach out for help, and frequently the Universities lend a hand and the members of the medical profession have been most generous. Considerable publicity has been given in the daily newspapers and the public has thus learned something worthwhile about nurses and about nursing. Incidentally, the nursing organizations have themselves benefited. Many nurses who seldom or never attended the regular meetings have been attracted by the refresher courses and are now becoming aware of the usefulness of the Association which sponsored them. Some are beginning to share the burden of routine work which keeps our organizations going; a few are seeing a new vision of what these organizations may yet become.

Considerable diversity is shown in these enterprises. Some, as in Toronto, are sponsored directly by the School of Nursing of the University itself. Others, as in British Columbia, are offered under the joint auspices of the Registered Nurses Association and the Department of Nursing in the University. Others are conducted, as in Alberta, Manitoba and Saskatchewan, by Provincial Departments of Health. In some instances the hospitals have been the rallying point. In Nova Scotia the project was initiated by the Halifax Chapter of the Provincial Association but, as it broadened its scope, was taken over by the Association as a whole. In Quebec the public health nursing section of the provincial association offered two series of lectures on nutrition, one in English, the other in French.

So, by way of contrast, both in general arrangement and content, the following brief analysis of both these courses may be found interesting.

In Halifax the directing committee consisted of the convener, Miss Lenta Hall, president of the Registered Nurses Association of Nova Scotia; Miss Victoria Winslow, president of the Halifax Chapter; Miss Sarah Archard, assistant superintendent of nurses at the Victoria General Hospital; Reverend Sister M. Augustine of the Halifax Infirmary; Miss Edith Fenton, director of nurses in the Dalhousie Clinic and Miss Ruth Hart, who represented the private nurses' section. An intensive course of lectures and discussions was carried on over a four-day period. The sessions, with one exception, were open to all nurses, though special emphasis was laid on a specific branch of nursing at each session. In the afternoons the introductory lecture did not exceed forty-five minutes and the remaining time was devoted to organized discussion of questions sent in by individual nurses. In the evenings the student nurses from all the Halifax schools attended, and one of the most significant features of the course was the free interchange of views between the various nursing groups. A place of meeting was generously provided by the Dalhousie Health Clinic and the Halifax Infirmary. The total registration was one hundred and twenty-two and included nurses from all parts of the Province. The registration fee was one dollar and the receipts were more than sufficient to meet expenditures. The atmosphere of the meetings was quite informal and certainly everyone "talked shop" to their heart's content.

The course held in Montreal, while equally stimulating, was organized quite differently and we are indebted to Miss A. G. Nicolle, a member of the staff of the Montreal branch of the Victorian Order of Nurses for the following excellent description of the English series:

A felt need for more knowledge of nutrition stimulated the public health section of the A.R.N.P.Q., to find means of satisfying it, and during October the association sponsored four lectures given as a refresher course. Arrangements were made by the convener, Miss B. Brooks, of the Victorian Order of Nurses, Montreal branch and her committee and considerable help in planning was given by Dr. Grant Fleming, head of the Department of Public Health in McGill University, and Miss Goodeve of the Child Welfare Association. The lectures were held by in the Medical Building, McGill University, which was kindly lent by the University authorities. The course was financed by the nurses themselves by means of a one dollar fee for the series of four lectures. Among the hundred or more who registered were public health nurses; nursing school instructors and supervisors, nutritionists, and medical social workers. Note-taking, questions, and the excellent attendance were evidence of the interest taken in the course. Publicity was given through *The Canadian Nurse* and advance notices were posted in all nursing schools and social agencies.

Miss McCready, supervisor of the Visiting Housekeeper Service in Toronto and nutritionist for the Red Cross Society in Ontario, gave a general view of the nutrition problem in Canada, especially among families on relief. She stressed the need for widespread education to increase the knowledge of nutrition, and thus to promote intelligent use of allowances. Miss McCready said that enough nutritionists were not available for this work and that the nurse had the greatest opportunity to teach because of her close contact with families. She must understand relief allowances, adding that nurses might apply this knowledge to their own diet "Why not healthy people to sell health?" Miss Goodeve, nutritionist for the Child Welfare Association in Montreal, spoke of the close relationship of nutrition and positive health and pointed out that its importance had been a subject of discussion even at the League of Nations. Methods of budgetting were outlined as a means of making better use of the income, and improving the nutrition in homes of every economic level.

Miss Chambers, nutritionist for the Victorian Order of Nurses in Montreal discussed the many changes in methods of transportation, preservation, advertising, and production of foods during the last generation and their effect on buying, emphasizing and understanding of these and other factors, if nutrition is to be successfully taught in the homes. Dr. Thompson, professor of biochemistry in Mc-

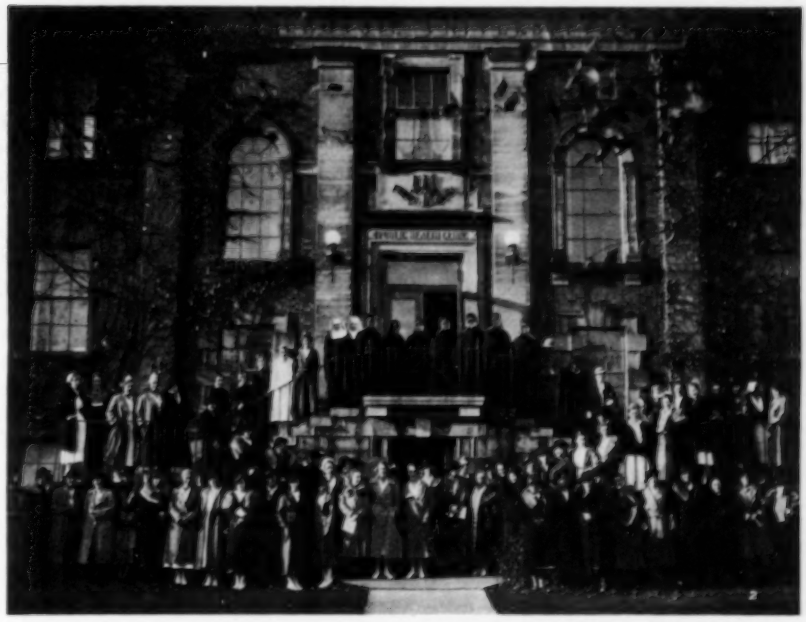
Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON - CANADA

Gill University, introduced by Dr. Grant Fleming, gave an excellent lecture on the chemistry of nutrition particularly the energy requirement and vitamin content of the everyday diet. Factors such as age, sex, weight and work must be considered when calculating calories. He also pointed out that vitamins were needed, but that the human body has forgotten how to make them, though dogs and rats still have the power to produce them.

Altogether these lectures were an excellent motivation for further reading on a subject which we all need to know a good deal more about, if we are to keep ahead of our families, who may read the many instructive articles in magazines and newspapers. We feel that our convener Miss Brooks and her committee are to be congratulated on the success of their venture.

A course similar to that described above was organized by the French-speaking members of the public health nursing section of the Provincial Association. This was greeted with enthusiasm and scored an equal success.

It is usually the custom to invite persons from outside the local nursing group to participate in, or sometimes to direct, these conferences and institutes. This brings in the element of novelty and provides the stimulus of a different point of view and doubtless adds to the interest and value of the programme. But those who have had the pleasure and privilege of helping in this way are always impressed by the resources which lie within the group itself. The so-called director is just the spark which kindles the flame. Another excellent feature is that these conferences bring all the nursing groups in the district into touch with one another. It does not always follow that hospitals and schools of nursing and public health agencies know much about one another even though the institutions themselves may be only a mile or so apart.



Some of the one hundred and twenty-two Nova Scotia nurses who attended the recent Educational Conference in Halifax, N.S.
Photo by J. C. M. Hayward, Halifax, N.S.

ORTHOPAEDIC NURSING

ALMA DICKIE, Head Nurse, Shriners' Hospital, Montreal.

Of the many and varied cases which the nursing staff of the Shriners' Hospital for Crippled Children in Montreal has been called upon to care for, possibly one of the most interesting is one in which ingenuity in devising and designing appliances to meet peculiar conditions contributed so materially to the recovery of the patient.

On February 14, 1930, the patient, Hubert, a French-Canadian, ten years of age, was admitted suffering from Pott's disease. For five months he had suffered from pain in the back; eight weeks previous to his admission, paralysis of the lower extremities had occurred and a laminectomy had been performed at another hospital. This was necessary because the tuberculous process had involved the covering of the cord thus causing pressure on the cord and the consequent paralysis, which remained after the operation was performed.

Examination revealed a total paralysis of the lower extremities, hyperesthesis at the level of the seventh and eighth dorsal vertebrae and disturbance of bladder and bowel control. Examination by X-ray showed a marked involvement of the fifth, sixth and seventh dorsal vertebrae by a tuberculous process. The shadow of an abscess was also seen and later, this abscess pointed at the level of the eighth dorsal vertebra. This sinus was cupped twice daily and sterile dressings applied; the value of this treatment was shown by the fact that the sinuses healed without secondary infection.

The patient was placed on a hyperextension frame with a curve of eight inches at the apex, which was gradually increased to fourteen inches and it was immediately apparent that unusual methods would have to be employed: (1) to keep the patient in over-correction; (2) to maintain his comfort; (3) to allow for his daily care; (4) to avoid pressure sores.

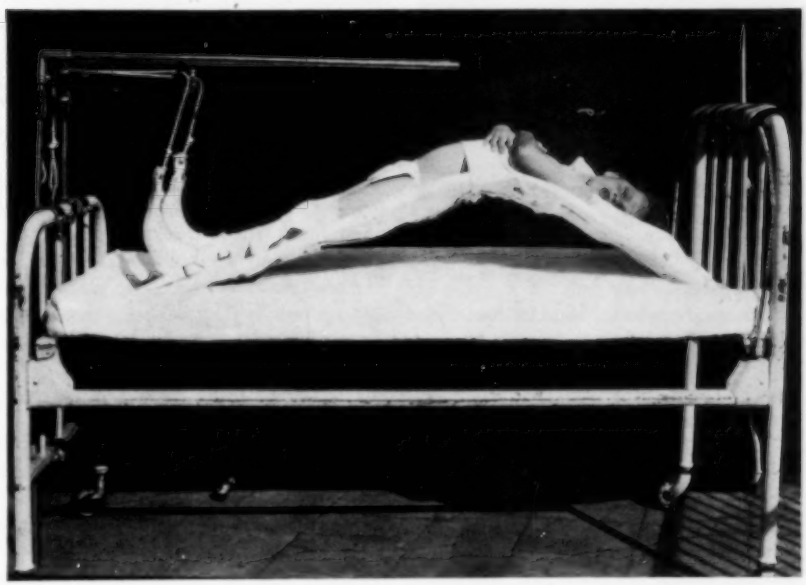
A tie-down was placed about the boy's upper arms and chest to prevent him from raising his shoulders or slipping on the frame. A carriage strap was placed about his body at the apex of the curve of the frame and another around the knees. The ankles were held in position by special straps fastened to the foot of the frame, preventing lengthwise movement on the part of the patient. The canvas covering of the frame was adjusted so as to support the patient's body, legs and head without discomfort. The section underneath the buttocks was attached permanently to one side of the frame, brought over to the other side and fastened underneath with safety pins so that it might be detached to permit the use of the bedpan, since the patient's position must not be disturbed. A small pad, made of non-absorbent cotton, was placed underneath his neck to render him comfortable. Protection for his eyes, when exposed to the sun, was provided by a movable canvas awning attached to the frame of his bed.

The daily care consisted of the usual feeding, bathing and rubbing of the patient and the changing of the bed linen, with particular attention to the adjustment of the special apparatus and canvas support, so as to ensure his comfort. Owing to the patient's incontinence and the necessity for maintaining him in a fixed position, frequent use of the urinal and bedpan was necessary; therefore, the bedpan was placed on a box to raise it to the proper height.

Pressure sores were to be feared, principally at three points, the back, and underneath both heels. For the back there was no escape except by constant attention in the way of alcohol rubs and bathing. In the case of the child's heels

(The second of two articles on Orthopaedic Nursing. The first appeared in the November issue, p. 498.)

however, these measures would not have been sufficient and it is here that the ingenuity of the nursing care was most effective. The constant pressure on the patient's feet would, in a very short time, have caused irritation and resulted in pressure sores. Furthermore, in view of the boy's general condition, it was important that nothing be allowed to interfere with his comfort and general progress. The question then arose: how could his feet be kept in a comfortable position? The heels must not be allowed to rest on the frame and yet the feet must be kept in proper position. On the general principle that the feet must be supported without pressure on the heels, ways and means were thought out whereby this might be accomplished.



The patient extended on the hyper-extension frame. Note the ingeniously devized adhesive plaster "boots."

It was decided to use the pattern of a shoe, make an upper part to cover the toes and instep, and provide an open heel so that with a strap beneath the ankle the feet would be supported without discomfort. Using the boy's feet as a pattern, these shoes were made by the use of a double layer of adhesive, gummed sides together, and when the necessary form had been obtained, an opening was cut and eyelets inserted as in the case of ordinary shoes or moccasins. Laces were used in the usual way so that the shoes could be put on and taken off as required. A cord was fastened to the toe of each of the improvised shoes which, running over a pulley directly above the foot, and then over another pulley outside the foot of the bed, was attached to a weight which acted as a counter-balance for the foot and avoided pressure of the heel on the frame. Twice daily, the shoes were removed and the feet rubbed with alcohol and powdered.

Care at night presented no special problem, as the usual routine of removing the boots and caring for the back was

THE PATIENT RESTORED TO HEALTH

carried out. No sedatives were required as the patient slept well. The space between the frame and the bed was fitted with a pillow and extra blankets to prevent his back from getting cold, as he slept on the balcony. He was given nourishment at bedtime and again during the night, if he wakened and wanted it.

The lad was naturally of a bright and cheerful disposition and was not inclined to brood over his affliction; this attitude contributed in no small degree to the success which rewarded his treatment. Also, as he was not in constant physical pain and was mentally alert and active, it was possible to resume his education which had been interrupted prior to his admission to the hospital. This was carried out by the school teacher who gave him bedside instruction. No serious difficulty was experienced with regard to feeding him. Full diet was prescribed and, with only slight assistance, he was able to feed himself. Liquids were taken through a tube.

The manner in which the young patient responded to treatment and care was most gratifying to all concerned and it was not long before signs of improvement in his general and local conditions were noted; he grew stronger and the clonus and paralysis gradually disappeared. Although the case was one in which early results could not be expected, it was felt on October 26, 1931, that such progress had been achieved that it was no longer necessary for him to remain in the hospital. The measures taken during his stay of a year and eight months had been successful to a satisfactory extent. Prior to his discharge he was removed from the curved frame and an X-ray of the spine taken, a procedure which had not been feasible up to that time. While this did not reveal the finer details of the spine it showed a short kyphosis in the mid-dorsal region. Its value was this: it demonstrated that there was no sign of abscess, therefore the treatment had been effective and the lesion was healing. The parents were instructed with regard to his care, and he was discharged on December 24, 1931, arrangements being made that he should return in six months for a check-up.

The patient was accordingly re-admitted on August 12, 1932 and examination showed continued improvement. He had gained enormously in weight. There was no indication of any paralysis, no trace of bladder or bowel obstruction nor was there any tenderness over the diseased area of the spine. The bony knuckle was solid. On August 25, 1932, he was fitted with a Thomas brace, and on the following day, discharged. A recent check-up at the Shriners' Hospital in Springfield, showed briefly the following findings: the patient was in excellent general health; he had no backache or other symptoms of the disease; he still shows a permanent short kyphosis of the spine due to the partial destruction of the affected vertebrae. His condition today is that of a normal healthy boy.

ON THE TRAIL OF ADVENTURE

Kholapur,
S.M.C., India,
1918.

Dear E.,

This is all about Ganpati; listen to his tale. When he was a baby his proud mother showed him to Saturn who accidentally burnt his head off. She went in distress to Krishna who told her to take the head of the first living thing she met and put it on the baby. This turned out to be an elephant, so the elephant-headed god came into existence. All the gods have vehicles or steeds, and Ganpati's fancy was a rat. One day when riding across the heavens he fell off and the moon laughed. Annoyed, he decreed that all who looked on her should be consistently unlucky. But here the other gods chipped in, in defence of one of their number. It was finally arranged that one day in the year should be set aside for Ganpati's vengeance, and the moon, evidently entering into the spirit of the thing, asked permission to appear at any time and in any quarter she chose. This was granted, and now this day is one of alarums and excursions for anyone seeing the moon is fated to be unlucky for a whole year. The Hindu portion of our staff asked leave to go home early, and the bazaar was practically deserted, any belated unfortunate cowering discreetly under an umbrella as he went about any necessary business.

I am full of information because Ganpati's day of vengeance has just occurred.

Yours,
L.

Whadwhan,
Khatiawar, India,
December, 1918.

Dear E.,

We've had a hectic time since I last wrote. To begin with, Col. C. was appointed Resident of this district so we all trekked here together after much packing and many farewells. Our luggage "weighed some" as A. had got his belated pay all in rupees, there being no paper money in the treasury, and we had packed it by hundreds in our trunks. We travelled in much comfort and no little style. Rahman valeted Col. C. and A. in their sleeping car and Miriam looked after A.A. and me in ours. Arrived at Whadwhan there was a great state reception and we drove to the Residency amid much acclamation.

This part of the country is quite different from Kholapur. There we saw trees and flowers and plenty of green. Here things look dried up and the river is only "bed." It is a real game country, and flocks of birds are continuously passing overhead. There are shooting expeditions to augment the Kholapur occupations which have followed us here. The garden is here already so much energy is being expended on the making of a golf course on the grounds. Peacocks abound and a large monkey gazed at me much interested through the wire door leading from the bedroom to the balcony.

November 11 was a wonderful day. The news arrived early and we all rejoiced together. It seems too good to believe that there is no more Front or war news. The neighbouring mission Padre held a service in the Residency in the evening and we sang the 124th Psalm to the Scotch metrical tune.

Soon after arrival here A. and I returned to Bombay where he went into a hospital for an operation. It was a military hospital staffed by Australians who were kindness itself, and most nobly allowed me to be much on the spot. Directly A. was well enough we fled back here to find a jolly house party, chiefly family, for Christmas, and we came in for another royal visit.

This time it was to Dhranghadra, whither we travelled in the Maharajah's own private train. It consisted of a drawing room furnished in pale grey velvet and silver, a bedroom with a bed of silver inset with turquoises, a bathroom, kitchen and servant's quarters. To my disappointment the journey only took two hours, an inadequate period in which to enjoy such luxuries. There was the usual *tamasha* on arrival, and a Cinderella coach of silver awaited Col. C. while the rest of us followed in procession in pale grey cars. Our suites in the palace—upholstered in pale pink brocade were even more commodious than at Sangli, and when A. asked for a cigarette, uniformed attendants fell at his feet with boxes of royally crested affairs.

Next day, in a four-in-hand, driven by His Highness, we visited the state treasury where we dabbled our hands in diamonds and inspected the cloth of gold trappings for the elephants and horses. In the afternoon we drove to the gymkhana in an elephant car drawn by two elephants, while a baby one walked behind and fanned us with a red fan in his trunk. At the club we were given a baby lion to play with, a pastime we found altogether too strenuous. In the evening there was a state banquet, His Highness dining with us in a green jhodpore suit with buttons of real diamonds and marvellous jewels in his turban. The twelve retainers were in green and gold and the meal was a long succession of elaborate courses. Afterwards the ladies of the party were escorted by devious ways

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to visit the two Maharanees, sad-faced women in beautiful clothes and jewels.

We left on Christmas morning, again in the royal train after His Highness had presented each lady, the Resident's wife excluded, with a magnificent ring and much brass ware.

This ends my letter writing for this year.

L.

Aymer,
Rajputana, India,
January, 1919.

Dear E.,

Our sojourn in the East is nearly over and soon we travel down to Bombay to embark for England. Our last visit is to one of the beauty spots of India. We have revelled in gorgeous views of hills and lake, woodfires at night, excursions into the bazaar with its riot of colour and visits to interesting places all around. We are loth to leave friends, the land and the people, but it will be good to be home again, and here's to our speedy meeting.

This goes a mail ahead of us.

Yours till then,

L.

[*Editor's Note*: With this issue of the *Journal* these delightful letters come to an end. They were written to a friend by Mrs. Alex. MacRae, formerly Louie Bryce, a graduate of the School of Nursing of the Hospital for Sick Children, Toronto. These letters, as remarkable for the distinction of their literary style as for their colour and charm, have been read with keen appreciation by nurses in all parts of Canada. The *Journal* is much indebted to Mrs. MacRae for allowing its readers to have the privilege to wander with her on the "Trail of Adventure."]

REMEMBRANCE DAY

JEAN S. WILSON, Executive Secretary, The Canadian Nurses Association

In the shadow of the Peace Tower in the Parliament Buildings at Ottawa, the National Remembrance Day Ceremony was observed in the distinguished presence of Their Excellencies the Governor-General of Canada and Lady Tweedsmuir. The ceremony, arranged under the auspices of the Canadian Legion of the British Empire Service League, was attended by about 25,000 people. By invitation of the President and members of the Canadian Legion, the Canadian Nurses Association and the Overseas Nursing Sisters Association of Canada were officially represented at the Remembrance Day Ceremony. At the conclusion of the programme the joint official delegation, accompanied by a group of local nurses, proceeded into the Parliament Buildings to the Hall of Fame, where, before the Nurses Memorial, a brief service, arranged by the Canadian Legion, was held in memory of the nursing sisters who served and died between 1914 and 1918.

The sacrifice made by those nursing sisters was referred to in brief speeches by the Honourable Ian Mackenzie, Minister of National Defence, Lady Perley, and Brigadier-General Ross. Then in silence, a representative of the Canadian Nurses Association went forward and placed, to the right of the Memorial, a basket of beautiful flowers. A representative of the Overseas Nursing Sisters Association deposited a similar basket at the left of the Memorial. Then, on behalf of the Canadian Legion, a third basket was placed following which floral tributes were deposited in the name of the various local nurses' associations and by individuals. Before his departure, the nurses were presented to the Honourable Ian Mackenzie. A few interested spectators witnessed the ceremony, among these were the Honourable Sir Robert Borden and Lady Borden.

The President of the Canadian Nurses Association invited Miss Gertrude Garvin, of Ottawa, Miss Blanche Anderson, Chairman of District 8, Registered Nurses Association of Ontario, and the Executive Secretary to act as the official delegation. The Overseas Nursing Sisters Association was officially represented by Mrs. C. A. Young (Nursing Sister Rose Myrtle Gratton), President of the Ottawa Unit, in the absence of Miss Elizabeth Smellie, vice-president of the National Association. The President of the Nursing Sisters Association of Canada is Miss Laura Holland, of Vancouver. The ceremony before the Nurses Memorial was under the direction of Mrs. Taylor (Nursing Sister Ruth Daure).

THE EDITOR'S DESK

Reader's Guide

We start off this month with a comment on the institutes and refresher courses which, all over the country, are proving a source of inspiration and enjoyment. △ "Orthopaedic Nursing," by Miss Alma Dickie, a head nurse in the Montreal unit of the Shriners' Hospitals, is the second of two articles dealing with this branch of nursing. It gives a vivid picture of the ingenious and skilful nursing care which helped to restore a crippled lad to happy active boyhood. △ "Preparing for Neurological Nursing" was written by Miss Eileen Flanagan, who is Supervisor of the Hospital Division of the Montreal Neurological Institute. She clearly outlines the teaching plan which has been carefully worked out in order that graduate nurses may qualify themselves for this difficult and exacting field. Emphasis is placed on supervized clinical practice and individual instruction is strongly stressed. △ Miss Nora Moore gives a brief yet clear and comprehensive description of some essential features in a health programme. Miss Moore is the director of the Division of Public Health Nursing of the Department of Public Health, Toronto. △ In private duty circles the wisdom or otherwise of modifying fees and hours of duty is still a burning question. Under the caption of "Getting Adjusted," Miss Agnes Jamieson, a private duty nurse practising in Montreal, and a Halifax private duty nurse, modestly disguised as "Nancy Free," have some interesting comments to make. △ Much to our regret, "The Trail of Adventure" comes to an end in this issue. Mrs. Alex. MacRae's letters are as remarkable for the distinction of their literary style as for their colour and charm. They have been read with delight not only by nurses but by lay readers who will be glad to know that there is a possibility that they may be re-published in a more permanent form.

Index

On the last three pages of this issue of the *Journal* will be found an index for the year 1935, the content of which is arranged under subjects, authors and titles. Editorials are indexed under their titles. Titles are given in full with the author's name. While we hope that our readers will find the index useful we do not expect that it will have the special significance for them which it has for us: this year it gives ample proof that Canadian nurses are themselves capable of writing articles on *actual nursing practice* which are both original and interesting.

To give publicity to material of this kind is one of the important functions of our national *Journal*. Changes in nursing procedure takes place so frequently that nursing textbooks become obsolete with disconcerting rapidity. It is in the periodicals that the new techniques must first appear in print and, as we look back over our thirty-first volume, we are proud to find that in every issue an article dealing specifically with the actual practice of nursing has been one of the principal features. Under the caption of the "Department of Nursing Education" will be found a series of articles dealing with the teaching of the basic sciences and of nutrition as well as that of special branches of bedside care. Steady improvement is shown in the content of the department devoted to public health nursing and, during the coming year, special efforts will be made to build up this important section of the *Journal*. The activities of the Canadian Nurses Association have been regularly reported in "Notes from the National Office" and the private duty nurses have spoken up in meeting as never before. A vivid touch has been given to accounts of outpost nursing and by such chronicles as "The Trail of Adventure." A stubborn pride prompts us to say that we are not ashamed of our index. Nurses are beginning to talk out loud.

Correspondence

Retort Courteous

In reply to Dr. Norman L. Burnette's "provocative comment" in support of our erstwhile colleague, Evelyn Mallory, and with the apologies to the Poet Laureate:

Says the Man in the East
To the Maid in the West:
"A clean tooth *does* decay.
Haven't you heard that argument old
Advanced by eastern scientists bold?
Then why spend time on tooth-brush drill
When its medical value is practically nil?
These ancient weapons are no longer the rage
In this enlightened Preventive Age."
Says a Maid in the West
To the Man in the East,
"Who owned the clean tooth that decayed?
Please, kind sir, we want facts, not theory;
Conflicting arguments make us quite weary.
If only our scientists could really agree
What a pleasant old place this world would be.
But in the meantime, we recall with a thrill
The famous "Quints" have a tooth-brush drill."

"HYGEIA",
Vancouver General Hospital.

From a Chinese School

Today it is exactly two years that I have been in this hospital and I enjoy my work very much, especially the part I take in training the Chinese girls. I am certainly grateful to see the old Chinese family tradition broken and girls allowed more freedom of their own. One of the things they choose to avail themselves of is training school for nurses. I am very pleased to see how well they adapt themselves to the new experience and to watch them, throughout each succeeding year, with added knowledge, taking more and more responsibility in their work. I have thirty-four nurses in training including the new midwifery class which was opened last year for the first time. The complete course is four years, three in general nursing and the rest in midwifery. The training I follow is on a similar basis to my own. At the end of the three years they are required to sit for the Hong Kong Nurses' Board Examinations quite similar to our own Canadian registered nurses examinations. Midwifery fills a need in China, as some of the Chinese still prefer midwives to the doctors; in country places where doctors are not easily procured these nurses are allowed to deliver normal cases while abnormal cases are referred to doctors. Last year I had the privilege of examining some of the nurses in their practical work at the board examinations and from my short experience in China, my conception of the field here is that nursing has made marked progress within recent years and that each year much is being done to raise still higher the standard of nursing in the East. I hope the day will soon come when nursing in the East will reach the standard of that in the West, and that it will be regarded as the highest profession for a Chinese woman.

NOREEN LUM,
Superintendent of Nurses,
Yeung Wo Hospital, Happy Valley,
Hong Kong, China.

[The writer of this letter is a Chinese nurse who is a graduate of the School of Nursing of the Lamont General Hospital and is now at work in her own country.—*Editor.*]

From China

I am a graduate of the Connaught Training School, which is affiliated with Fordham Hospital, New York, so the *Journal* is of great interest to me and to my companions who are also Canadians. Most of all I enjoy articles written by nurses from the far north as we have no doctor here in our Mission, and conduct a free dispensary where we treat about two hundred patients daily, so *The Canadian Nurse* helps to solve some problems occasionally. Our work among the Chinese is very interesting, but also very difficult at times.

SISTER M. GENEVIEVE,
Catholic Mission,
Lishui, Che, China.

Department of Nursing Education

PREPARING FOR NEUROLOGICAL NURSING

EILEEN FLANAGAN, B.A., Reg. N., Supervisor, Hospital Division, The Montreal Neurological Institute.

In the two previous articles dealing with the Montreal Neurological Institute, the plan of the building, the types of patients, the manner of taking care of them, and something of the methods and techniques of treatments, were discussed. The purpose of this article is to outline the course of study and the clinical experience which is offered to graduate nurses who wish to familiarize themselves with neurological and neuro-surgical nursing. It is not considered possible for any student to benefit from less than four to six months' experience on the wards. If operating room experience is also desired the course must be lengthened to one or even two years.

A group of six carefully selected graduate students has already completed a six months course, and a second group of six has been admitted, some of whom intend to continue their studies for as long a period as two years. The graduate students live in the residence of the Royal Victoria Hospital, under the same conditions as the permanent staff of that institution. They are allowed a full day off-duty each week, three hours each day and five hours on Sundays. The hours of formal instruction are given while on duty. The students are assigned to both day duty and night duty, the proportion depending on the length of stay in the Institute.

It goes without saying that the essential feature of the course is its emphasis on the actual care of the patients. The student on the wards must become expert in observing and recording epileptic seizures, in observing the condition of patients after operations and in handling patients who are disoriented, intractable, or highly excitable. She must be able to carry out complicated procedures in the dressing rooms. She must gain an appreciation of some of the difficulties and handicaps under which many of these patients are labouring, and develop an almost inexhaustible fund of patience if she is to nurse them successfully. In the operating room, the highly specialized type of instruments and equipment and the length of time required to prepare for and perform operations means that the nurse must not only acquire many new techniques but must be able to stand considerable strain for many consecutive hours. This requires time, for such skill and endurance can only be attained gradually. The operations most frequently performed are craniotomies, for removal of tumours, scars, or the draining of abscesses; decompressions for fractured skulls; laminectomies for cord tumours or fractures of the spine; sympathectomies for the relief of pain in various parts of the body; trigeminal rhizotomies for the relief of tic douloureux. In many instances the condition of these patients is not good even at the commencement of the operation and in major cases, continuous intravenous injection of saline must be kept going, and often one or two blood transfusions must be given. The contamination of instruments, or any other break in technique on the part of any one in the operating room, means the possible development of meningitis and consequent death, a fact which adds greatly to the heavy responsibilities of the operating room staff.

The extensive use of electrical stimula-

(This article is the third in a series dealing with Neurological Nursing; the first appeared in the February issue, p. 53, the second in the April issue, p. 151.)

tion in the cases operated on for seizures, is another feature to be considered. An electrical stimulator is used for this purpose which requires the constant attention of one nurse in order to adjust and modify the operation of a complicated and delicate mechanism. The electric cautery is also used extensively and requires special skill in manipulation. Photographs are frequently taken while the operation is in progress and special preparations must be made to facilitate this process in order to avoid loss of time.

The medical and surgical staff of the Institute give the lectures in neurology, neuro-physiology and anatomy, and neuro-surgery, while the instruction in nursing is given by the assistant nursing supervisor who acts as ward teacher. All the lectures are directed towards a practical end and are illustrated with post-mortem material and lantern slides. The content and actual subject matter of the formal classes will be found in the following outlines.

Neurology and Neuro-Physiology

The gross anatomy of the brain and spinal cord and their main divisions.

The principles of the anatomical diagnosis of nervous diseases.

The principles of the pathological diagnosis of nervous diseases.

The meninges: anatomy and diseases.

Voluntary motion: the anatomical pathways and symptoms resulting from lesions in them.

Co-ordination: the cerebellum and diseases affecting it.

Involuntary movements.

Sensation: the pathways concerned and the symptomatology of disturbed sensation.

The cranial nerves.

Localization of function within the cerebral hemispheres.

Two lecture periods dealing with non-surgical diseases of the central nervous system.

Physiology and Pathology

The central nervous system in the animal kingdom.

The development of the central nervous system and its coverings.

The cerebrospinal fluid and its circulation.

Hydrocephalus and spina bifida.

The physiology of nerve conduction and reflexes.

Normal and pathological physiology of the spinal cord and brain stem.

Cerebral localization of the cerebellum.

The finer structure of the central nervous system.

Diseases of the central nervous system amenable to neuro-surgical treatment.

Symptoms and signs in disease of the central nervous system; epilepsy.

Expanding lesions of the central nervous system.

Traumatic lesions of the central nervous system.

Theory of Nursing

Observation of the patient on admission.

Observation of seizures and the method of recording.

Observation of a patient with a head injury.

Pre-operative care of patient.

Post-operative care of patient following a craniotomy; method of using suction.

Post-operative care of patient following a laminectomy.

Lumbar punctures and encephalograms.

Demonstrations

Ventriculograms: demonstration in operating room.

Dressings: head and spinal; demonstration of dressing-room technique.

Continuous baths: for surgical patients; for neurological patients.

Blood pressure: demonstration of method of taking and recording.

Nursing care of paralyzed patients; nasal feedings; routine malaria treatment.

Observation and care of psychiatric patients.

Care of equipment.

Perhaps the most effective way to give an idea of the experience afforded would be to describe a week's activities. Beginning with Monday morning, the student who is assigned to one of the public wards commences the day with hearing, from the head nurse, the report of the condition of the patients. She then assists in serving breakfasts and proceeds with the usual morning care. At ten o'clock the weekly "rounds" begin. These are conducted by the Director of the Institute, accompanied by members of the staff, the Research Fellows, the house doctors and usually a few visiting doctors. Every patient is seen, each new patient is examined and considerable discussion follows each case. The nursing

staff attend these rounds, which last for about three hours, and thus acquire some idea of the problems to be solved. In the afternoon the scene changes to the dressing rooms, where two or three encephalograms, four to six lumbar punctures with manometric readings and possibly jugular compression, and several head or spinal dressings will be carried out.

Following the encephalograms, which are done under avertin in the case of many of the children and highly excitable patients, the patients must be closely watched. They are in the X-Ray room for a half-hour to an hour during which time a nurse is constantly with them. On the return to the ward, the pulse, temperature and blood pressure are taken frequently. Usually, the blood pressure is taken every hour for two hours, then every four hours. Pulse and respiration are taken every fifteen minutes for an hour, then every half-hour and subsequently every four hours. The graduate students on the wards are given an opportunity of assisting with all these procedures and the supervisor or head nurse is always present. The adequate restraint of patients is a most necessary part of the successful carrying out of these treatments, and it requires a good deal of practice before the nurses become adept. The care of the equipment, which is new to most of them, and the proper setting of it up for use, also requires some experience.

AN ENCEPHALOGRAM

Note the patient's position: her feet are on a stool, her arms resting on over-bed table. Her head is held by a nurse; the second nurse is taking the patient's pulse and the third nurse (a postgraduate student) is observing and putting down on a form the manometric readings. The lumbar puncture needle is in place, the manometers and syringe in position, and the bag inflated with oxygen ready to inject.

On Monday evenings, from six to seven o'clock, a lecture is given in the teaching theatre by one of the medical staff; this is usually illustrated with lantern slides and specimens. The evening hour is chosen in order that the night

staff may attend, and on Mondays no "days off" are given so that the permanent staff is available for the wards while the graduate students are at class.

Beginning on Tuesday and continuing until Friday, the ward teacher conducts a class in nursing theory each morning for the undergraduate as well as for graduate students. On Tuesday evening a second medical lecture is given, and these are the only formal teaching classes as it has been found that the best results are obtained when the experience is gained and the teaching is done in the actual bed-side situations and in the dressing rooms.

When, for instance, a patient is about to return from the operating room, the student, who has been shown how to prepare the room for post-operative care, is then given the patient to nurse. She has in readiness the appropriate equipment such as suction apparatus, oxygen and blood pressure machines, stethoscope and charts. The head nurse, or the supervisor, goes over the orders in detail with her, checks her first blood pressure readings, and warns her of the particular signs for which she must watch. Again, when a nurse observes seizures, the head nurse assists her to write the description which has to be signed and accounted for, *in many instances at rounds!* All students are given a period of observation and experience as assistants in the operating room; methods of preparing and sterilizing all supplies are taught at this time.

There is a very good library in the Institute which is at the disposal of the students for reference reading. Here are found text books, and many current periodicals in neurology and allied subjects. Students also have the privilege of using the library of the teaching department of the School of Nursing. Any graduate student who desires to do so may attend examinations in the Pathological Institute. While psychiatric patients are admitted only in special instances still there is a fairly good opportunity for gaining some experience in caring for them.

This outline of the activities carried on from day to day conveys something of the tangible experiences afforded the student during a stay in the Institute. But there are also intangible qualities which must be developed: sympathy with and an understanding of the peculiar problems which many of the patients and their families have to face; ability to be acutely observant at all times; intuition to deal with the many psychiatric and neurological difficulties encountered.

Summary

The Institute has now been open for a little more than a year and therefore all that has been done by way of organizing the work and the education of nurses has been on an experimental basis; during the coming year improved methods will, we hope, be the result. In conclusion it may be said that there are several factors in neurological nursing, which will bear repetition.

(1) Nurses ought to be carefully selected, as a high degree of both mental and physical stamina is required.

(2) Time is required to prepare nurses for this type of nursing; especially is this true of the operating room.

(3) While lectures and formal classes are features of postgraduate teaching, instruction given at the bed-side during the actual carrying out of treatments and procedures, and the constant observation of patients, are equally important.

(4) The student must have an adequate basic knowledge of anatomy and physiology before she can intelligently take the course given in neurology and neuro-physiology.

(5) A neurological nurse must be prepared to offer not only technical skill and abundant knowledge, but also genuine sympathy with, and understanding of, the many problems with which these patients must contend.

Department of Public Health Nursing

SOME ESSENTIALS IN A HEALTH PROGRAMME

NORA MOORE, Director, Division of Public Health Nursing,
Department of Public Health, Toronto.

You have asked me to discuss the essential features of a health programme from the approach of a public health nursing director in an urban municipality. The division of public health nursing occupies a strategic position in a Department of Public Health. It is the only division which has an unique opportunity of contact with all homes and classes of people. Its primary function is to eradicate disease and to bring knowledge concerning healthy ways of living into the homes and lives of the people. We must not only carry knowledge into the homes, but we must see that it is understood, accepted and practised.

In such a programme it is difficult to select essentials, for every phase seems significant, but as you have given me the task of selection, I will try and give the essentials in the order which I think is most important. We must, then, begin with the nurse herself, for she is the tool with which all that is accomplished must be done, and upon whom the success of our programme depends. She must be thoroughly equipped for her work by training and experience, but as Miss Effie Taylor, Dean of the Yale School of Nursing, has so truly said:

> While scholarship is important and today fundamental, it is not enough in itself. The successful nurse must also have the force of personality and strength of character which will enable her to appreciate and to understand the forces which motivate human behaviour. She must possess a broad sense of justice in analyzing the problems inherent in her own life, and in the lives of others, and she should have a loyal and deep sense of honour and integrity of purpose in dealing with human frailities and shortcomings.

(A contribution to a symposium on the essential features of a health programme given at a meeting of the Public Health Nursing Section of the Canadian Public Health Association, June 4, 1935.)

Now, we come to the services. In selecting what I consider the most essential, I realize there will probably be some different view-points which is possibly wholesome in any discussion.

School Hygiene

The administration of our department has arranged that approximately 40% of the nurses' time is spent in school hygiene activities. The public school is an institution which touches the lives of all the people, and which has the control of the child during the most formative period of his life. It should provide a healthy environment and should incorporate health education as a vital part of its programme. It is here that the nurse finds unlimited opportunities. As Mr. Oberteuffer, professor of physical education in the Ohio State University, has said:

> Organized education asks organized private medicine to co-operate with it in the development of an educated and enlightened community. It sees the school child as the potential citizen, and wants to help that child to know how to live, how to preserve and develop his health. Therefore, any one who assists in the school programme must be concerned first of all with helping learners to do things for themselves, in order that they may gain an intelligent understanding of what their world is about. If, in this process, it is necessary to remove tonsils, correct eyesight, give health examinations, then these acts should be explained, talked about and understood in their full meaning. Giving a physical examination without explanation of orienting it into life would be comparable to hiring a teacher to work out all the mathematical problems for the child. The school doctor and nurse cannot as educational agents come into the school, look, see and not tell. They must take an active part in the education of the school child into the problems of health.

Our own programme in the schools is the means of establishing health habits in the children under our care. The medical and dental examinations serve to fix in the mind of the child the necessity of consulting a doctor and dentist at regular intervals. The school nurse, in her contact with individual children, has many opportunities to correct bad habits of diet, rest and posture, and in addition she helps the child to build up an attitude towards positive health which will be of inestimable benefit to him and to the community at large in later years.

Mental Hygiene

Mental hygiene, too, plays an important part in the school programme. We are told that the number of persons in mental hospitals has increased almost 50% during the past twenty years. Psychiatrists tell us that these troubles have their origin in early childhood, and are due to faulty habit training and wrong attitudes acquired at that time. The public health nurse has an excellent opportunity to find these children in the school, and she should in a more positive way aim to help all children to attain better mental health. She should be of valuable assistance to the teacher in helping her to adjust emotional and social problems, and in conference with the teacher she can bring to the notice of the psychiatrist children who appear to be mentally retarded. Miss Katharine Tucker, in her introduction to Miss Chayer's book on school nursing, confirms the thought I have been attempting to convey by saying:

> The ultimate contribution of school nursing relates to the school child as an individual and member of a family, and its value is increased as it becomes integrated into the whole community health programme. It reaches beyond the school, just as one segment of a child's life, and is much more than a part of the educational system as carried on by the schools for it projects into the home and community.

Junior Red Cross

Before leaving the school, mention must be made of the important part Junior Red Cross plays with its enrolment of fourteen million children in fifty countries. It is a mighty force in the education of school children. Miss Jean Browne, national director of Junior Red Cross for Canada, points out:

> Because Junior Red Cross belongs to the children themselves, and they are active participants in it, their enthusiastic interest is aroused in its programme. They take on their own shoulders the responsibility of practising the rules of healthy living. This becomes their own personal affair, not something that they do only because they must. As a result, wherever Junior Red Cross is organized, one finds children eating the right kinds of food, keeping themselves clean, sitting and standing erect, taking precautions against "catching" diseases and following the other Junior Red Cross rules of health.

Maternal and Infant Welfare

The importance of maternal, infant welfare and pre-school services is quite generally recognized. They are more spectacular pieces of work, and in consequence appeal more to the general public. In reading an article the other day I noticed the following statement: "The protection of the health of mothers and young children is perhaps the most important function of a health department." Adequate pre-natal and post-natal care, as well as care at the time of confinement, is of great importance in order that the physical condition of the mother may be improved, and that the baby shall be given a strong, healthy body.

There are many factors which enter into the reduction of the infant mortality rate in all countries, but it is agreed that the educational work done in the home and the child health centre is one of the most important. Statistics in Toronto are proof in themselves. In 1912 the infant mortality rate was 144.5 per thousand living births; in 1934 it has been reduced to 54.7 per thousand living births.

Pre-school Service

This is an ever-growing field, and here again there are unlimited opportunities

for the public health nurse. One of the superintendents in our department writes as follows in one of her weekly reports:

> The importance of the examination of pre-school children has been clearly brought to our attention this week. As a result of complete physical examinations which have been recently started in a small nursery school in connection with a church, four children were found to have defects which will require early correction and which, had they not been found, might have meant a serious handicap to the children in later years.

In order that our pre-school work may be made more effective, mention should be made of the parent education movement, and the importance of mental hygiene in dealing with children at this age. Courses in parent education may be organized or individual teaching in the home may be given. In our department, the Home and School Clubs have been active in organizing groups which have been led by members of our staff who have been specially trained for the purpose. During a series of lectures on parent education the group answered questionnaires and solved many problems and we feel sure that better training will be possible in these homes, and that the information thus obtained will be passed on intelligently to other mothers.

Foster Homes

The supervision and licensing of baby boarding and maternity homes as well as supervision in day nurseries and play schools is yet another essential, but time does not permit me to go into these activities, except to mention in passing that we have 404 foster homes under supervision at the time of writing. It is our policy to visit these frequently, a fact which may convey some idea of the importance of this activity in Toronto.

Control of Disease

Communicable disease control, and this includes tuberculosis and the venereal diseases, has always been considered the function of a health department, but as Dr. C. V. Chapin has said: "The use of the public health nurse in the application of communicable disease control measures has constituted one of the outstanding recent advances in this field." Who is more fitted to teach the parent about immunization; by what means communicable diseases may be controlled; the precautions that must be taken to protect the other members of the family?

Hospital Social Service

Hospital social service is not usually considered one of the essentials of a public health nursing programme, but as it plays a very important part in our own organization, I consider that it could be properly categorized as an essential. A brief outline of the objectives of the nurse in this field may be of interest. In connection with in-patient cases, she secures for the hospital clinician a picture of the patient's home and environment, so that he may better understand his needs; she makes the patient in hospital more contented by straightening out difficulties which may arise in the home during his absence; she makes arrangements for suitable after-care, so that the patient may benefit to the fullest extent from the treatment received while in hospital; she arranges for the removal of patients who have received the maximum benefit from hospital care so that the beds may be available for acutely ill patients. In connection with out-patient cases, she interprets the clinician's orders to the patient and encourages him to carry them out; she secures, through social agencies and others, special diets, dentures, glasses, surgical appliances, which the patient is unable to provide for himself; by keeping a follow-up system she ensures regular attendance at clinic.

Co-operation

In all phases of public health nursing the co-operation of the private physician is absolutely necessary. The public health nurse must never fail to recognize this, and must set out to win his confidence,

realizing that working together to the same end is the objective which she must strive to attain.

In addition to the duties just described, the public health nurse of any municipality is frequently called upon by the civic administration to perform many others. The general conditions of unemployment during the past four years have brought to the public health nurse many problems which do not primarily belong to her. In her position as a friend of the public she does not, however, decline to deal with these, but puts the needy persons in touch with the individual or agency who is best fitted to give them the desired help.

The public health nurse is first of all a public servant subject to the will of the people and supported by public funds. Her duties depend largely upon the public need of the moment. Her chief function is that of health teaching, disseminating knowledge which promotes the art of healthful living, keeping people well and restoring the sick to a fuller measure of health; impressing upon the populace by example as well as precept the wisdom of embracing all possible measures for the prevention of disease and the preservation of health.

NURSES AS AUTHORS

If you are looking for a Christmas gift which is out of the ordinary and yet is not expensive why not consider one or all of three books written by Canadian nurses?

Songs of the West

This is one of the famous Poetry Chapbooks published by the Ryerson Press, Toronto. The author, Miss Marion E. Moodie, was the first nurse to graduate in the Province of Alberta. She has a true lyric gift as witness the following lines entitled "Wild-wood":

How much joy a stump can give,
A mossy stump,
A fern-decked stump.
A cool green castle where elves live,
With draperies so sweet and fine,
Of dainty, pink-belled twin-flower vine.
How much joy a stump can give,
A cedar stump,
An old fir stump.
Where squirrels hide, or bush wrens live,
A stump with scarlet berries crowned,
And brambles trailing to the ground.
And all around, the light and shade,
And peace by sun-lit forests made.

Copies may be obtained from the book department of Morgan's Ltd., Montreal. Price 50 cents.

Our Bit

This is a brief and moving story of the experiences of Nursing Sister Mabel Clint, A.A.R.C., during the Great War. The simplicity and beauty of its language, its keen appreciation of humour, its sensitive response to the tragedy of the war, make this little book a human document. It may be obtained from the author at 2112 Claremont Ave., Montreal. Price, $1.25.

"Oh! Nurse"

In lighter vein and charmingly illustrated by the author's original sketches this little book gives amusing sidelights on the nurse's trials and tribulations. The author is Miss Merle Olive Watson, who may be reached at 404 Victoria Ave. N., Hamilton, Ont. The price is $1.00.

Department of Private Duty Nursing

GETTING ADJUSTED

Adjustments in the hours of duty and the scale of fees seem to be slowly coming about in many parts of Canada. Miss Agnes Jamieson reports upon an experiment now being carried on in Montreal as follows:

In Montreal

A special meeting was called by the Montreal Graduate Nurses Association in June, 1935, for the purpose of bringing up the question of placing on our register the names of those who wish to do eight-hour duty for a reduced fee, also those who wish to nurse private patients, on salary. The Association was well represented and an animated discussion took place, especially regarding the question of salaried nurses. This lasted for more than an hour and finally a motion, modified by two amendments, was passed almost unanimously. The motion read as follows:

All nurses willing to work on a salary basis may register accordingly, the fee to be twenty-five dollars a week for any period less than a month, and one hundred dollars the maximum fee for one month. For any period less than one week the fee is to be five dollars a day. This plan is not to apply to hospitals. The venture is to be given a trial until January 1, 1936, and is to be voted upon again at the December meeting in 1935.

After much less discussion the following motion was also passed:

That nurses be registered for eight-hour duty at a reduced fee of four dollars including a meal or meals which may not be taken by two nurses, who may be on the same case, at the same time. The hours of service are to be decided by the patient except when three nurses are employed and continuous attendance is assured.

It was decided that no announcement would be made in the daily press. The only publicity given the experiment was by notifying the general superintendents and the superintendents of nurses in the hospitals and the Montreal Medical Council. Notices were also placed in the doctors' waiting rooms in the hospitals. Five months have elapsed and very few calls are coming in for either salaried or eight-hour nurses. This is no doubt due to lack of publicity in the community. However, now that the summer is over and the medical meetings are again taking up the nursing questions we have presented to them, we may obtain more calls.

The present regular rate for twelve-hour duty is five dollars per day. If the working day exceeds twelve hours a charge of six dollars per day is made. The maximum length of the working day is nineteen hours. It is therefore apparent that this modification of nursing service and fees would lower the cost of sickness for those who cannot afford ten or twelve-hour duty at the regular fee. By means of eight-hour duty one or two nurses could give sufficient care to some patients and the nurses would have more time for education, recreation and rest. For those nurses who prefer constant work on salary their income would amount in the end to the total earned by the short cases, at the regular fee, which are so prevalent at the present time.

In six months' time we hope for more response to our new project in nursing in Montreal.

Wanted: An Adjuster

A correspondent from Nova Scotia, who prefers to adopt the pen-name of "Nancy Free," thinks that we shall never find a way out of our difficulties till we find an "adjuster":

In the business world it requires ability, foresight and good management to conduct a business successfully and to sell its product in order to meet the payroll. This principle applies to nursing and it is the saving individual who meets expenses promptly. Sickness means added expense in the home and if

each nurse who is engaged in nursing to earn her daily bread would ponder just how much she or any member of her family or friends could afford to pay for nursing care in case of illness then she will have a good idea of the economic standing of the average person today. It is impossible to collect a set fee in all cases and a rearrangement is urgently needed.

Nurses receive calls from various sources, such as the registry, the hospital, the doctor, a friend or neighbour. The majority of calls are prompted by a doctor. Each doctor has a diverse clientele and therefore requires a varied nursing service. Readjustment is a difficult task, a problem in every rural and urban section of Canada; the registries should carry the burden of research work. In the various industrial fields an adjuster is sometimes employed to co-ordinate and smooth our business worries. How about appointing an adjuster to help the registrar and the registries? This adjuster could interview the doctor, the patient and the nurse and co-ordinate the three points of view; each is entitled to consideration and a hearing. After evidence has been taken the adjuster can outline a proposition to the registrar and pass it on to the nurse; the adjuster could also canvass the doctors.

Every day adjustments could be made and actual facts collected by the adjuster. Should she be unable to cope with certain cases, an advisory committee from the Nurses' Association might be appointed to give advice and aid in an amicable settlement. Nurses should be requested to hand in written reports on cases; the adjuster could follow these up and thus improve nursing conditions generally.

COMING EVENTS

Toronto

The Alumnae Association of the School of Nursing of the Toronto General Hospital is raising funds to swell its contribution to the Nightingale Memorial Fund by means of a musical evening to be held on Friday, December 6, in Eaton's College Street Auditorium. Mr. Reginald Stewart—of Promenade Symphony fame—is the guest artist, and is giving a very fine programme and is introducing his selections with some of the background and a connected story. Miss Gunn is giving a brief talk on Florence Nightingale and the scholarship announcement is to be published in the programme. The chairman of the Board of Directors of the Toronto General Hospital is expected to preside. Tickets may be obtained at any of the Toronto schools of nursing or through the Registered Nurses Association of Ontario and the nurses' registries. The prices range from $1.00 to 50 cents according to the location of the seats.

Montreal

The Alumnae Association of the McGill School for Graduate Nurses is sponsoring a series of events, the proceeds of which are to be used for the support of the school. One of these entertainments will take the form of an informal reception and sale of work which will be held on Saturday afternoon and evening, December 7, at the McGill School for Graduate Nurses, 3480 University St. There will be fortune telling, fish ponds, and glorious chances of winning raffles on afghans and other treasures as well as opportunities to purchase original Christmas gifts. And there will be refreshments too, so come and bring your friends.

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The Central Registry Graduate Nurses
Phone Garfield 0382
Registrar:
ROBENA BURNETT, Reg.N.
91 Balsam Ave., Hamilton, Ont.

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON - CANADA

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

Emergency Service

Early in 1935, the National Joint Committee of the Canadian Nurses Association and the Canadian Red Cross Society on Enrolment for Emergency Service in War and Disaster, submitted to the Provincial Registered Nurses Associations the proposed quota of enrolment of members for each organization. Those Associations, responsible for the promotion of the project within their respective provinces, reported to the autumn meeting of the Executive Committee of the Canadian Nurses Association, methods used towards reaching their allocation. The proposed total enrolment for Canada received the approval of the Canadian Nurses Association in general meeting in June, 1934. A summary of methods adopted with gratifying results has been prepared from the reports received and a copy forwarded to each Provincial Secretary. Special mention must be made of the successful results in the Maritime Provinces, where the allocations are practically one hundred per cent fulfilled.

Recent enquiries at the National Office are indicative of increased interest in enrolment, should mobilization of nursing services be required. Enrolment of nurses in Canada is operated by authority of the Canadian Nurses Association and the Canadian Red Cross Society and has been endorsed by the Department of National Defence. Registered nurses only are eligible for enrolment, application forms for which are obtainable from the secretaries of the nine Provincial Registered Nurses Associations. This opportunity is taken to emphasize the vital importance of each Provincial Association reaching its quota of enrolled nurses so that in the event of emergency, an immediate response will be obtainable from a completely organized enrolment as sponsored by the Canadian Nurses Association and the Canadian Red Cross Society.

Scholarship Award Committee

The Executive Committee of the Canadian Nurses Association have appointed the following members to act on the Scholarship Award Committee for 1936: The convener is Miss Elizabeth Smith of Moose Jaw, who is also chairman of the Public Health Section in Saskatchewan; Miss Grace M. Fairley of Vancouver, chairman of the Florence Nightingale Memorial Committee; Miss Marion Lindeburgh of Montreal, chairman of the National Nursing Education Section; Miss Jean L. Church of Ottawa, acting chairman of the National Private Duty Section; and the President of the Canadian Nurses Association, Miss Ruby M. Simpson. This special committee is appointed to consider the applications for the Florence Nightingale Memorial Scholarship as offered by the Canadian Nurses Association and to choose the candidate whose qualifications best meet the requirements of the Florence Nightingale International Foundation Courses.

General Meeting

At present a reply is awaited from the Canadian Passenger Association to an enquiry made on behalf of the Canadian Nurses Association in reference to special transportation rates that will be in operation next summer and that will be advantageous to those members who will attend the General Meeting in Vancouver from June 29 to July 4, 1936. Announcement of information, when received, will be forwarded to the secretaries of the Provincial Associations of Registered Nurses and will be published in "Notes from the National Office" in the ensuing issue of the *Journal*.

Annual Meeting

The annual meeting of the Association of Registered Nurses in the Province of

Quebec will be held January 28 and 29, 1936, in the Ritz-Carlton Hotel, Montreal. It is anticipated that the content of the programme will be available for publication in the next issue of the *Journal*.

Greetings

The season's greetings and best wishes are offered to all members of the National Organization by the staff at the National Office.

Book Reviews

MANUAL OF CLINICAL CHARTING. Designed for the use of graduates and students of nursing. By Agnes Barrie Meade, R.N., B.S., educational director, Jewish Hospital School of Nursing, Cincinnati, O., 1929-1933; instructor, Yonkers General Hospital, Yonkers, New York, 1934-1935. Illustrated. 93 pages with index. Published by J. B. Lippincott Company, Canadian office: 525 Confederation Building, Montreal. Price $1.75.

The author of this manual defines its principal objectives as follows: (1) to supply specific directions to which the nurse could refer and at the same time to offer supplementary information that would assist her in recording an observation; (2) to present methods that would aid in substituting well-chosen comprehensive phrases for the many irrelevant statements that appear all too frequently on charts; (3) to promote uniformity, truth and accuracy; (4) to make it possible for the nurse or physician to visualize, hours or days later, the earlier conditions and the progress of the patient. Upon the whole it may be said that these objectives have been attained. The subject of charting has not always received the emphasis it deserves in the teaching programme and many nurses have consequently become indifferent to this important phase of their work. This book will be a valuable aid to instructors and head nurses because it includes a wide range of descriptive terms which will be helpful in focusing the attention of the student upon the important features of the patient's condition. It provides all nurses with a varied list of descriptive terms, as well as the methods for reporting them. These terms are grouped under some one hundred and seventy headings, arranged alphabetically and include not only the usual signs and symptoms, but also such important phases of the patient's care as medical and surgical treatments, diagnostic and therapeutic tests, collection and disposal of laboratory specimens, diets, pre-operative and post-operative care, mental and emotional reactions, visits of the doctors, transfers, discharges and admissions. There is an excellent objective rating score which will be found helpful in analyzing and evaluating charts. The cross index and bibliography add to the value of a text which will be found equally useful by instructors and students; indeed one of the merits of this book is that its arrangement is sufficiently flexible to make it useful in a variety of situations, to graduate and student alike.

REFERENCE HAND-BOOK FOR NURSES, by Amanda K. Beck. Eighth edition, revised. Illustrated. 323 pages. Price $1.75. Published by the W. B. Saunders Company. Canadian Agents: McAinsh and Company, 388 Yonge St., Toronto.

This handy little volume fits easily into the handbag of either a public health or private duty nurse and may be relied upon to refresh the memory on many important points.

News Notes

News items intended for publication in the ensuing issue must reach the *Journal* not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

BRITISH COLUMBIA

NEW WESTMINSTER: The Nurses Home at the Royal Columbian Hospital has been formally dedicated to the memory of the late Miss Lillian McAllister, for many years associated with the hospital. At the time of her death Miss McAllister was assistant superintendent of nurses and at the dedication ceremony, Miss Esther Paulson, president of the Graduate Nurses Association of New Westminster, unveiled the bronze plaque bearing Miss McAllister's name, over the main entrance of the home. The unveiling also took place of an Honour Roll of nurses who had passed away while members of the staff. This includes the names of Miss Lillian Inkster, Miss Florence Pope, Miss Erna Jack, Miss Leslie Grier and Miss Lillian McAllister.

MARRIED: On October 26, 1935, Miss Marguerite Louise Tennant (Vancouver General Hospital), to Mr. Gordon Wells Dobson.

MARRIED: In October, 1935, Miss Vera Margaret Watson (Hospital for Sick Children, Toronto), to Mr. Thomas Steward.

MANITOBA

WINNIPEG GENERAL HOSPITAL: The class of 1925 held a reunion dinner recently in honor of their tenth anniversary. Messages were received from members in China, Honolulu, the Yukon, and many parts of the United States and Canada. A moment of silence was observed in memory of five beloved classmates who have died during the course of the years. The honor guests were: Miss M. McGilvray, Miss I. Wiggins, Mrs. C. K. Guild, Mrs. F. Hayden and Miss J. Harrison. Others attending were: Mesdames G. Allan Cochran, B. Bennett Kuiper, A. Brown Ridyard, G. Brown Swan, P. Cameron Davidson, L. Graham Thorlakson, I. Langford Joy, R. Chalmers Fleming, B. Farmer Dodds, T. Gillies Buckingham, H. Irvine Newman, E. Larmer Samson, A. McNeil Colbourne, E. Thompson Eby, P. Turner Doran, Misses C. Hunter, J. DeBrincat, M. Graham, L. Blondal, E. Dickie, I. Johnson, C. Lethbridge, R. McIntyre, E. Mallory, E. Taylor, M. Lowell, M. Maybee, E. Slater.

In honor of Mrs. J. Krachling of Arcola and Mrs. P. Merritt of Marian, N.D., Mrs. F. Chester recently entertained members of the 1928 class. Assisting were: Mrs. C. Samson (E. Larmer, '25) and Mrs. H. W. Audrian (E. Shumway, '32). Miss Charlotte Counsell and Miss Mildred Stephens sailed recently for England where they will remain for about a year. Miss Catherine Lynch (W.G.H., 1925), superintendent of nurses at the Ponoka Hospital is taking a course at the McGill School for Graduate Nurses.

Sincere sympathy is extended to Mrs. Duncan Fletcher (Vera Dalrymple, W.G.H., 1930), in the recent death of her husband. Mr. and Mrs. Fletcher were only recently married on August 31, and his sudden death came as a great shock to all their friends.

MARRIED: On September 28, 1935, Miss Margaret Grandy (W.G.H., 1932), to Mr. Richard Misener.

MARRIED: On September 25, 1935, Miss Emzie Taylor (W.G.H., 1925), to Dr. Ross Cooper.

NEW BRUNSWICK

FREDERICTON: A meeting of the Fredericton chapter of the New Brunswick Association of Registered Nurses was held recently with a good attendance. At the close of the meeting a variety shower was given Mrs. Walter Bearisto, formerly Miss Margaret Steeves (V.P.H., 1931), whose marriage took place on October 23, 1935.

MARRIED: On October 5, 1935, Miss Eliza Hildebrand (V.P.H., 1929), to Mr. Percy Staples.

MARRIED: On September 10, 1935, Miss Grace MacPherson (V.P.H., 1935), to Mr. Raymond Perley.

MARRIED: On September 18, 1935, Miss Blanche Younge (V.P.H., 1932), to Mr. George DeLong.

SAINT JOHN: The Saint John local Chapter of the N.B.R.N.A., recently held a meeting at the Saint John County Tuberculosis Hospital, with a large attendance. Dr. R. J. Collins, superintendent of the hospital, gave a lecture on tuberculosis among nurses.

The Saint John General Hospital Alumnae Association met recently and discussed the unemployment situation. Various suggestions were voiced.

MARRIED: On July 17, 1935, Miss Eloise E. Roberts (S.J.G.H., 1934), to Dr. G. Everett Chalmers.

SAINT STEPHEN: The following officers were elected at the annual meeting of the local chapter, N.B.A.R.N.: President, Miss M. McMullen; vice-president, Miss E. Spinney; secretary, Miss M. J. Dunbar; treasurer, Miss J. Murray; committee conveners: refreshment, Mrs. R. Mallory; entertainment, Miss C. M. Boyd; Red Cross enrolment, Miss M.

J. Dunbar and Miss J. Murray; *Canadian Nurse*, Miss F. M. Cunningham. Miss Stella M. Murphy has returned to Whitby, Ont., where she has successfully completed a postgraduate course in psychiatric nursing. Miss Irene Sherrard is taking a postgraduate surgical course in the Montreal General Hospital. Miss Inez Holt has accepted a position on the staff of the Children's Memorial Hospital, Montreal. Miss Sadie Forbes is professionally engaged at Campobello. Miss Della McClary is temporarily engaged as O.R. supervisor at the Chipman Memorial Hospital. Sympathy is extended to Miss Elizabeth Caldwell in the death of her sister.

MARRIED: On October 3, 1935, Miss Elizabeth Giles to Mr. Raymond McDonald.

WOODSTOCK: A meeting of the L. P. Fisher Memorial Hospital Alumnae Association was held recently when plans for a dance in aid of the hospital were discussed. It was decided that a dinner be given in honour of the graduating class of 1935.

NOVA SCOTIA

ANTIGONISH: At a recent meeting of the A.G.I.R. Branch, Miss Marie LeBlanc was appointed as president for the coming year and Sister Mary Annette as treasurer.

MARRIED: On September 9, 1935, Miss Winnifred M. Graham (St. Martha's, 1933), to Mr. Daniel J. MacEachern.

MARRIED: On September 18, 1935, Miss Freda Herve (St. Joseph's, 1934), to Mr. Harry R. MacGillivray.

MARRIED: On September 16, 1935, Miss Eunice Ross (St. Martha's, 1926), to Mr. Stephen MacKinnon.

GLACE BAY: In October the Cape Breton and Victoria Branch of the R.N.A.N.S., resumed its meetings. Twenty-seven members enjoyed an interesting lecture by Dr. C. M. Bayne on the tuberculosis work which is being carried on in Glace Bay. The Nightingale Memorial was also discussed.

HALIFAX: During October the R.N.O.N.S., held a four-day refresher course at Halifax. Miss Johns, editor of *The Canadian Nurse*, gave the lectures and led round-table discussions. One hundred and twenty-two nurses registered for the course and at the banquet held in connection with the course, the numbers were swelled to one hundred and fifty-four, as the senior student nurses of the Halifax School of Nursing were guests of their respective Alumnae Associations.

HALIFAX: The first fall meeting of the Victoria General Hospital Alumnae Association was held recently with a good attendance. Finances were reported to be in excellent condition and a donation was made to the Nightingale Fund. A meeting of the *Journal* Club was held recently at the home of Miss Audrey Purtill who discussed new developments in anesthesia.

The Halifax Branch of the R.N.A.N.S., met recently with the president, Miss Victoria Winslow, in the chair. The possibility was discussed of establishing a central registry for private duty nurses.

MARRIED: In September, Miss Rita May Beck, superintendent of nurses, Nova Scotia Hospital, Dartmouth, N.S., to Mr. Lawrence A. Bonang.

MARRIED: On September 5, 1935, Miss Fanny Craven (City of Sydney, 1925), to Mr. Cecil V. Neary.

MARRIED: On September 11, 1935, Miss Margaret Gamester (H.C.H., 1934), to Mr. Sherman Lowther.

MARRIED: On September 14, 1935, Miss Dorothy Nelson (W.K.M.H., 1934), to Mr. Roy J. Conrad.

APPOINTMENTS: Miss Helen Greenham (H.C.H.), has been appointed to the staff of the Dalhousie Public Health Clinic. Miss Jennie MacInnes (V.G.H.), has been appointed a school nurse in the city of Halifax. Miss Helen Thompson (H.C.H.), has been appointed to the staff of the Dalhousie Public Health Clinic. Miss Elsie Titus (H.C.H.), will do postgraduate work in tuberculosis in Saint John, N.B., during the coming year.

YARMOUTH: The graduation exercises of the School of Nursing of the Yarmouth Hospital were held recently; seven nurses were graduated.

ONTARIO

ONTARIO DEPARTMENT OF HEALTH, DIVISION OF PUBLIC HEALTH NURSING: A regional conference at Blind River held on October 12, was attended by twelve public health nurses. Papers were presented by Miss Bertha Miller, Sault Ste. Marie; Miss Jane Thomas, Sudbury; Miss Muriel Hunter, Blind River, and Miss Elizabeth Alyward, supervisor, Victorian Order of Nurses, Sudbury. The conference was arranged and conducted by Miss Edna Howey assisted by Miss Hunter who entertained at tea following the afternoon session, when the nurses had the pleasure of meeting the executive officers of the Blind River Public Health Association. *Appointments:* Miss Helen M. Smith has succeeded Miss Christine McLaren as public health nurse in Perth; she is a graduate of the School of Nursing of the Ottawa Civic Hopsital and the McGill School for Graduate Nurses. Miss Marcelle Smith, formerly public health nurse,

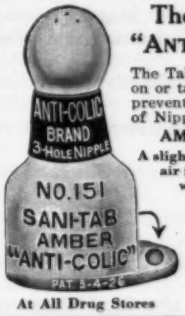
at Penetanguishene, has gone to Kirkland Lake where Miss Rose Roy has been granted leave of absence to continue her studies at the University of Ottawa. Miss Zeta Kearney has accepted the position of public health nurse for Ayr and the townships of North and South Dumfries. Miss Kearney is a graduate of the School of Nursing of the Victoria Hospital, London, and the public health nursing course of the University of Western Ontario. Miss Emily J. Loney, who was a member of the public health nursing staff at Stratford for a number of years, resigned in September. Miss Evelyn Clarke, school nurse at Cornwall, resigned in October.

DISTRICT 1

LONDON: District 1, R.N.A.O., recently held their quarterly meeting at St. Joseph's Hospital, London, with an attendance of one hundred and fifty nurses. Miss Mildred Walker presided, and Miss G. Versey reported an increase of a hundred members. Mrs. Hedley Smith stated that District 1 was one of the four districts to have paid their quota in full to the permanent education fund. Plans were made for a refresher course in London in March, Miss G. Versey is to convene this and the programme is to cover public health and private duty nursing. The annual meeting will be held in Windsor in January. An address was given by Miss Ross, supervisor for the Ontario Society for Crippled Children. Miss E. H. McKone gave an address on the art of supervising.

LONDON: The nursing staff of the Ontario Hospital recently held a reception in honour of Miss Lorna Horwood who has been appointed superintendent of nurses. Dr. G. H. Stevenson, medical superintendent, and Miss E. J. Kennedy received the guests, assisted by Miss L. I. Wilson and Mrs. G. Gibson.

SARNIA: The Alumnae Association of the Sarnia General Hospital held a bazaar, the proceeds of which were used to refurnish the student nurses dining room in the hospital. Miss Bessie Eastman, former X-ray technician of the Sarnia Hospital, has accepted a similar position in the Port Arthur General Hospital. Miss M. J. Smith has completed a postgraduate course in operating room technique and surgical supervision at St. Michael's Hospital, Toronto. Miss M. Cuthbertson commenced this course in September. At the first meeting of the year the election of officers resulted as follows: Honorary president, Mrs. R. Garret; president, Miss D. Shaw; vice-president, Miss O. Banting; secretary, Miss A. Parker; treasurer, Miss B. McFarlane; flower committee, Miss L. Siegrist; programme convener, Mrs.



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MARRIED: Recently, Miss Myrtle Eyre, to Mr. Roy Macklin.

MARRIED: Recently, Miss Anne Boulton, to Mr. Charles White.

MARRIED: Recently, Miss Veryln Meadows, to Mr. Campbell White.

MARRIED: Recently, Miss Cecily Medcrofte to Mr. George Prudam.

MARRIED: Recently, Miss Ruth Morley, to Mr. Roy Leckie.

MARRIED: Recently, Miss Mary White, to Mr. Allwyne Baisley.

DISTRICTS 2 AND 3

BRANTFORD: A meeting in connection with the organization of home nursing classes was held recently, at which Miss Marion Henderson, provincial organizer for the Canadian Red Cross Home Nursing classes, was present. Ten classes were organized, two of which are for collegiate girls and two for those from the country.

OWEN SOUND: The Alumnae Association of the General and Marine Hospital recently held a successful bridge party to which Miss Rae, president of the Association, welcomed two hundred guests. Miss M. Miller, operating room supervisor of the General and Marine Hospital, is taking a postgraduate course in surgery at the Toronto General Hospital.

SIMCOE: Miss Margaret Stuart, formerly on the staff of Norfolk General Hospital, has entered training at the United Church Training School, Toronto. Upon the completion of her course she hopes to enter upon work in a mission field.

SIMCOE: The annual meeting of Districts 2 and 3, R.N.A.O., was held recently with Miss E. A. Bingeman presiding. A most interesting programme was arranged by our hostess, Miss Marjorie Buck. Mrs. H. Jackson, organizer of the Simcoe Home and School Club, told us of the aims, ideals and activities of that organization. Dr. A. B. Jackson, in his inimitable way, took us on a journey into the land of "Idealism" and Miss C. E. Jackson, director of nurse education at the Brantford General Hospital, gave a stimulating paper on "The qualities of a nurse." The Home and School choir sang three very delightful selections, which added much to the pleasure of the meeting. The election of officers resulted as follows: Chairman, Miss H. L. Potts, General Hospital, Woodstock; vice-chairman, Miss A. Campbell, General Hospital, Guelph; secretary-treasurer, Miss F. Kudoba, General Hospital, Stratford; councillors: Brant County, Miss K. Charnley, Brantford; Wellington County, Miss L. Ferguson, Guelph; Waterloo County, Miss A. McDonald, Galt; Grey County, Miss F. Rae, Owen Sound; Norfolk County, Miss H. Booth, Simcoe; Dufferin County, Miss F. Smith, Orangeville; Representatives of sections: nurse education, Miss Z. Hamilton, Stratford; private duty, Miss L. Forewell, Kitchener; public health, Mrs. J. N. Mitchell, Brantford. The appointment of conveners of the special committees are: publications, Miss E. M. McKee, Brantford; permanent education fund, Miss H. D. Muir, Brantford.

MARRIED: Recently, Miss M. Lockard, to Mr. William Watson.

WOODSTOCK: Miss Lila Jackson (W.G.H., 1928), who has been on the staff of the General Hospital for some years, recently resigned. Miss Florence Blyth (W.G.H., 1934), succeeds her in the X-ray department.

MARRIED: On September 21, 1935, Miss Lila T. Jackson (W.G.H., 1928), to Mr. MacKenzie Thomas.

MARRIED: On October 2, 1935, Miss Annie H. Kerr (W.G.H., 1925), to Mr. James A. Forbes.

DISTRICT 4

HAMILTON: A meeting of the Registered Nurses Association of Ontario, District 4, was held at St. Joseph's Hospital on October 12, about one hundred and fifty nurses being present. Addresses were given by Dr. Deadman, Dr. Downes and Miss Isabel MacIntosh which were thought-provoking and instructive. District 4 also held a successful bridge on October 29, at the General Hospital, one hundred dollars being realized in aid of the permanent education fund. Miss Rayside, former superintendent of nurses at the Hamilton General Hospital, is visiting Hamilton. Her many friends are glad to welcome her. Miss F. H. Walker, former instructress at the Hamilton General Hospital, now of the staff of the Vancouver General Hospital, is also a visitor.

HAMILTON GENERAL HOSPITAL: A recent meeting of the Alumnae Association took the form of a social gathering when the members were hostesses to "outside" graduates residing in the city. A large number of guests were present and entertainment was provided by Mrs. Hamm who gave an interesting description of the origin and development of folk songs. Mrs. Wynn, accompanied by Mrs. Hamm, delighted everyone by singing folk songs representative of many countries. *Appointments*: Miss Eola Scott, having successfully completed a course in public health at

the University of Toronto, has joined the staff of the Victorian Order of Nurses. Miss E. Ewart has resigned her position at the Tuberculosis Sanitarium at Ste. Agathe, Que., and has been appointed head nurse of the women's surgical ward at the Hamilton General Hospital. Miss Frieda Buhler has been transferred from the Emergency Department of the Hamilton General Hospital to the staff of the Mt. Hamilton Hopsital. Miss Gladys DeMoulin, formerly in charge of ward 12, is now in charge of the Emergency Department, Hamilton General Hospital. Miss Ivy Ambrose (H.G.H., 1932), is sailing in November for missionary work in Central Africa. Recent graduates attending the School of Nursing of the University of Toronto this year are: Miss Olga Friesen, Miss Irene Mayall and Miss Mary Murray; all are taking the public health nursing course.

MARRIED: Recently, Miss Mary Annable (H.G.H., 1930), to Mr. Chester Hart.

MARRIED: Recently, Miss Grace Chapman (H.G.H., 1929), to Mr. Robert W. Price.

MARRIED: Recently, Miss Margaret Connell (H.G.H., 1932), to Mr. Edwin Whitfield.

MARRIED: Recently, Miss Marjory Downes (H.G.H., 1935), to Mr. G. A. Adams.

MARRIED: Recently, Miss Gwendolyn Faeder (H.G.H., 1933), to Mr. Wm. C. Lotz.

MARRIED: Recently, Miss Mary Graham (H.G.H., 1930), to Mr. Wm. Skerratt.

MARRIED: Recently, Miss Ada Ford (H.G.H., 1929), to Mr. Homer McCann.

MARRIED: Recently, Miss Leonora Gunby (H.G.H., 1933), to Mr. H. S. Spicer.

MARRIED: Recently, Miss Madaline Lockard (H.G.H., 1933), to Mr. Wm. A. Watson.

MARRIED: Recently, Miss Leola Snyder (H.G.H., 1935), to Mr. Charles Merritt.

MARRIED: Recently, Miss Gertrude Vanloon (H.G.H., 1935), to Mr. Charles Abbott.

MARRIED: Recently, Miss Jessie Yule (H.G.H., 1929), to Mr. Harry Sheppard.

DISTRICT 5

OSHAWA: The twenty-fifth anniversary of the Oshawa General Hospital was marked with appropriate ceremonies at which hearty congratulations were extended to Miss Elizabeth MacWilliams who has been its superintendent of nurses throughout the entire period. Dr. D. S. Hoig, president of the medical board, and Mrs. R. S. McLaughlin, president of the Ladies' Auxiliary, shared in celebrating the silver jubilee of the hospital they helped to establish. A pleasant feature of the afternoon was the presentation made to Miss E. MacWilliams of an illuminated address and cheque in appreciation of twenty-five years of valuable service.

MARRIED: On July 6, 1935, Miss Helen Batty (O.G.H., 1930), to Mr. Ewart Nichol.

MARRIED: On May 22, 1935, Miss Ethel Clarke (O.G.H., 1931), to Mr. Edward Johnston.

MARRIED: On September 28, 1935, Miss Eliza Dick (O.G.H., 1934), to Mr. Harold Foster.

MARRIED: On August 3, 1935, Miss Jean Haas (O.G.H., 1931), to Mr. Robert Dunlop.

MARRIED: On July 19, 1935, Miss Eva Hobbs (O.G.H., 1929), to Mr. Frank Manual.

MARRIED: On June 1, 1935, Miss Jean Thompson (O.G.H., 1928), to Mr. James Dowsley.

MARRIED: On August 1, 1935, Miss Thora Webb (O.G.H., 1932), to Mr. Merton Williamson.

TORONTO WESTERN HOSPITAL: The Alumnae Association recently held an enjoyable tea and musicale.

DISTRICT 10

PORT ARTHUR: A meeting of District 10, R.N.A.O., was held recently at St. Joseph's Hospital with Miss Vera Lovelace, the president, in the chair. The speaker of the evening was Dr. W. P. Hogarth who took as his subject, "Diseases of the bladder and kidneys"; his talk was illustrated with X-ray plates. At the close of the meeting which was attended by about thirty-five members, refreshments were served by the nurses of the hospital. Miss L. Riste (St. Joseph's Hospital, 1935), is taking a public health course at Toronto University. Miss Doris Adams (St. Joseph's Hospital, 1932), is taking a postgraduate course at the Western Hospital, Toronto. Miss Isabelle McLennan (Port Arthur General Hospital, 1934), is taking a postgraduate course in obstetrics at the Montreal Maternity Hospital. Miss Lila Kivisto (Port Arthur General Hospital, 1935), is taking a postgraduate course in pediatrics at the Presbyterian Hospital, New York.

MARRIED: Recently, Miss Elsie Laminen (St. Joseph's Hospital, 1931), to Mr. Andrew Mickelsen.

MARRIED: Recently, Miss Aileen McIver (McKellar General Hospital, 1934), to Mr. Sydney Towl.

QUEBEC

MONTREAL: Children's Memorial Hospital: The Alumnae Association recently gave a tea in honour of Miss Marjorie Jenkins who has been appointed superintendent of nurses. At a meeting of the Alumnae Association Dr. G. N. Patterson-Smyth spoke on "Emo-

tional development in childhood." Miss Vera Ford (C.M.H., 1928), has been appointed teaching supervisor of the surgical wards. At a tea held recently in her honour, the presentation of a hand-carved coffee table was made by the nursing staff to Miss Claire McIntosh, who has resigned to be married.

MARRIED: On November 2, 1935, Miss Claire Willard McIntosh (C.M.H., 1931), to Dr. Walter Foster Goggin.

MONTREAL GENERAL HOSPITAL: Miss Catherine Mills (M.G.H., 1928), has resigned from the teaching department and Miss K. L. Annesley (M.G.H., 1928), who recently resigned from the staff of the Vancouver General Hospital, has replaced her. Miss E. M. Coombs (M.G.H., 1933), has been appointed supervisor of the eye, ear, nose and throat ward, which is now under construction. Miss D. H. Legere (M.G.H., 1934), has replaced Miss Coombs as third assistant night supervisor. Miss I. M. Gilbert (M.G.H., 1933), has been appointed assistant supervisor in paediatrics.

MARRIED: On October 11, 1935, Miss Gladys J. Moseley (M.G.H., 1928), to Major Francis Bryce, O.B.E.

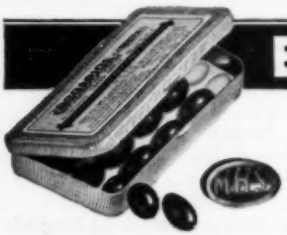
MARRIED: On May 18, 1935, Miss Alison Sutherland (M.G.H., 1930), to Mr. Robert G. Quinlan.

QUEBEC: An Institute for the Metropolitan Nurses of the Province of Quebec was held recently in Quebec City. The meetings took place at the Chateau Frontenac under the direction of Miss Alice Ahern, assistant superintendent of nursing of the Metropolitan Life Insurance Company. About forty M.L.I. nurses and representatives of other public health groups in the city of Quebec attended these meetings.

SASKATCHEWAN

REGINA: The provincial public health nurses of Saskatchewan, under the direction of Miss Ruby M. Simpson, recently met in conference in Regina. An invitation was extended to all public health and school nurses and twenty-seven nurses, representing fourteen centers, attended and felt renewed and refreshed from contact with others engaged in similar work. The Saskatchewan Health Officials Conference met on the day following and those registered for the nurses conference of the day previous were in attendance. A new feature was a two-hour period of section meetings. At the public health nurses section papers were given by Miss Elizabeth Smith, of the Moose Jaw Normal School, on health education in schools; Mrs. E. McCulloch, of the Regina Normal School, on methods of teaching, and by Miss C. Curry, supervisor of the Victorian Order of Nurses, Regina, on the pre-natal and post-natal visit. It proved a most interesting meeting, characterized by active discussion.

Recent appointments to the Provincial Public Health Nursing Staff are: Miss M. C. Dunbar, Miss E. S. Holland, Miss A. Normandin, and Mrs. M. E. Nadin. Miss A. Love (W.G.H.), formerly lady superintendent of the Saskatoon Sanatorium, has returned to Saskatchewan after having spent some time in the East and has accepted the position of lady superintendent at Fort San. Miss Carolyn Curry (P.H.R.I.), formerly of Glace Bay, N.S., has been appointed supervisor of the Victorian Order of Nurses, Regina branch. Miss Beatrice Calder (R.G.H.), has recently been awarded the Carss Scholarship from the Regina General Hospital. She is now studying in Montreal. Miss Margaret McRae (R. G.H.), President of the Regina Branch of the Saskatchewan Registered Nurses Association, has been appointed as resident nurse for Regina College.



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OVERSEAS NURSING SISTERS ASSOCIATION

MONTREAL: On Remembrance Day, the Montreal Unit of the Overseas Nursing Sisters Association paid tribute to the memory of their comrades by attending the ceremonies at the Cenotaph and by placing a poppy wreath on the stone erected in their memory. In the evening the annual dinner was held when Miss Enright, the president, received the sisters, fifty-seven in number. The toast to "Absent Friends" was proposed by Miss Connie Harrison, and the "Silent Toast" to those who are gone before was proposed by Mrs. Toller (Rhea Fitzgerald). Amusing incidents, reminiscent of war days, were told by some of the sisters. Mr. Rice, with a concert party, provided the entertainment which consisted of the old familiar songs, and an especially funny sketch given by "Old Bill", Bairnsfather's immortal interpretation. On Sunday, November 10, a group of sisters attended the Memorial Parade Service held at the Melville Presbyterian Church with the veterans of the C.A.M.C. and the officers and men of the Sixth and Ninth Field Ambulance.

OTTAWA: The Ottawa Unit of the Overseas Nursing Sisters Association held their fourth Remembrance Day dinner on November 11, with the president, Mrs. C. A. Young (N/S Myrtle Gratton) presiding. Twenty-five other members and guests were present. Miss Gertrude Garvin, superintendent of nurses at the Strathcona Hospital, and Miss Maude Hall, assistant superintendent of nurses of the Victorian Order of Nurses, were present as guests of the Unit; both served overseas with American Hospital Units. A particularly happy feature of the evening was a long-distance call for the president from Matron-in-Chief Margaret MacDonald and Miss Elizabeth Smellie, vice-president of the Overseas Nursing Sisters Association, both of whom were attending the Armistice dinner with the nurses of the Halifax Unit. This message of remembrance and good wishes was greeted with much enthusiasm. The annual business meeting was held following the dinner and the election of officers resulted as follows: Honorary president, Matron-in-Chief Margaret MacDonald; honorary past-president, Mrs. C. A. Young (N/S Gratton); president, Mrs. Gwendolen Spalding; vice-president, Miss Mabel Lindsay; secretary, Mrs. J. E. Holmes (N/S Emma Longmate); treasurer, Miss Alison C. Dickison.

TORONTO UNIT: The Toronto Unit of the Overseas Nurses Association of Canada recently held its annual Remembrance Dinner. Receiving with the president, Miss Laura Gamble, were Miss Edith Rayside, C.B.E., and Miss Annie Hartly, R.R.C., wearing the Florence Nightingale Medal. Guests of the unit were Captain and Mrs. H. P. Charters, Dr. and Mrs. F. W. Routley and Miss Cowan, president of the Hamilton Unit. Over a hundred members including representatives from the Hamilton and the Ottawa Unit were present, and members from Guelph, Oakville, Collingwood and Belleville made up a happy party. After the toast to the King, Miss Gamble spoke of the recent death of Sister Violet Sewell and all stood in silent remembrance of those who had passed on. A bugler from the Queen's Own Rifles sounded the Last Post, the lights were dimmed, the quartette sang "The old Brigade," and "Abide with me", and with the clear bugle notes of Reveille the lights brightened. Dr. Routley spoke of early days of his medical practice in the country with incidents of heroic service given by nurses.

LONDON UNIT: The tenth annual dinner of the London Unit of the Overseas Nurses Association was held on November 11, with thirty-eight members present. The president, Miss Alice Turner, presided, and a delightful evening was spent. Miss Turner, Miss D. Birrell (vice-president), Mrs. J. A. Campbell (secretary), Mrs. F. Little (treasurer), Miss B. Smith, O.B.E., and Miss Ada Parrish were responsible for the excellent arrangements. The address of the guest speaker, Canon Quintin Warner, was deeply appreciated. At a brief business session, it was decided to postpone the annual meeting till January.

Twelve nurses attended the Cenotaph Services and a wreath was placed there in memory of all who gave their lives in the Great War.

OBITUARY

DOUGLAS—On November 4, 1935, in Toronto, Miss Jessie Elizabeth Douglas, a member of the graduating class of 1919 of the School of Nursing of the Toronto Western Hospital.

GRAHAM—On June 7, 1935, at Toronto, Isabel Graham, a member of the class of 1915 of the School of Nursing of the Toronto General Hospital.

LOWE—She has gone from among us, and the place that she knew so well no longer echoes to the tread of her soft foot-fall. I refer to Annie M. Lowe, who left this life on October 9, 1935. Those who were privileged to know her realize that her life was one of service, made up of the little things that round out the perfect whole. Her calm demeanour and quiet dignity gave the assurance that all was well, whether serving in the operating room or ministering by the bedside. Many of us will remember her as not dead but only away. Her spirit will ever move among us. Miss Lowe's thoughtful and unselfish life was evidenced to the last when, with a smile, she said good-night here and crossed the threshold to say good-morning there.

MARY AYERST (T.W.H., 1924).

I cannot say, and I will not say
That she is dead. She is just away!
With a cheery smile, and a wave of the hand,
She wandered into an unknown land,
And left us dreaming how very fair
It needs must be since she lingers there.
And you—O you, who the wildest yearn
For the old-time step and the glad return,
Think of her fairing on as dear
In the love of there, as the love of here;
Think of her still as the same, I say;
She is not dead—she is just away!

JAMES WHITCOMB RILEY.

MACOUN—During July, 1935, the death occurred, in the Belleville General Hospital, of Mrs. John Macoun, formerly Elizabeth Senior, a member of the class of 1890 of the School of Nursing of the Toronto General Hospital.

NELLES—On August 7, 1935, at Cayuga, N.Y., Jessie M. Nelles, a member of the class of 1892 of the School of Nursing of the Toronto General Hospital.

PATTERSON—Suddenly, on August 4, 1935, at Parry Sound, Florence Patterson, a member of the class of 1918 of the School of Nursing of the Toronto General Hospital.

PHILIP—Sister M. St. Philip, a pioneer nurse of St. Michael's Hospital, Toronto, was born in the town of Kitchener, in 1874; the twenty-first day of August, 1935, witnessed her passing. In the endless procession of the years, the brief gap bridged by the span of her life seems small; it was filled by her with such zealous work as to illuminate a narrative at once long and colorful, stimulating and full of hope. A religious for forty-four years, her life work centred around St. Michael's Hospital to which she came as a girl of twenty-six, at the opening of the institution in the old quarter, which once had housed a Baptist Mission. From that time until the present year her ability for organization and gift for teaching aided materially in the metamorphosis which the Hospital itself underwent during the term of her beneficient association with it. These facts, however, afford only outward evidence of a personality which in itself was of the dimensions of greatness. It occasionally happens that the spirit of a man or woman glows in such a constant and ardent manner that all the incidents of life, be they of grandeur or of catastrophic tragedy, stand limned against it as unnoticed objects against the glory of a sunrise. Of such a character was Sister St. Philip. Gentle, tolerant and wise, her person moved in an invisible aura of kindliness which enveloped all whom she met. Seeking nothing for herself, with neither concern for personal comfort nor alarm at the fraility of her health in later years, she pursued her duties far past the point at which the body cries "stop," even to the closing incidents of her life. She leaves behind in those who knew her a sense, not so much of loss or of regret, as of warm and pleasant memory, a feeling of joy at having known at least one soul so truly great, and an abiding knowledge that with her all is well.

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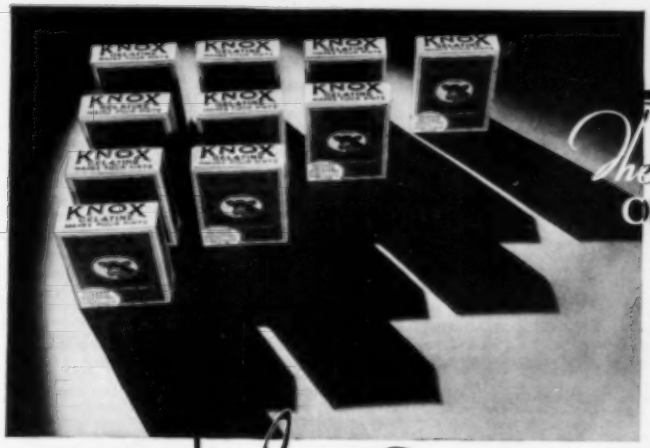
Like most solitary folk . . . we do not particularly enjoy festivals . . . but the Christmas season . . . fosters a mellow and reminiscent mood . . . in which we recall . . . our "Christmas past" in England . . . nowhere else is holly so glossy green . . . nor mistletoe so pearly white . . . The "waits" never quite ring true . . . except in the misty English night . . . and we never shall forget . . . the candlelight vespers . . . in Westminster Abbey . . . when the ancient and lovely carols . . . carried us quite away . . . However, not all our Christmas celebrations . . . have been held in such classic surroundings . . . We remember one dismal affair . . . snowed up in a smelly "wagon-lit" . . . in the Carpathians . . . and yet another . . . on the wintry Atlantic . . . when we dined quite simply . . . and in solitary grandeur . . . on a sliced lemon . . . and some cracked ice . . . We once attended . . . a Swedish celebration . . . which we liked very much . . . although we were not equal . . . to full participation . . . in the revels . . . Still we enjoyed marching round the Christmas tree . . . holding a glass of arak . . . in one hand . . . and a lighted candle . . . in the other . . . Arak affects the uninitiated . . . rather too powerfully . . . to be safely used . . . in conjunction with lighted candles . . . so we disposed of ours . . . (the arak we mean) . . . in a convenient flower pot . . . We heard afterwards . . . that the rubber plant . . . had sickened and died . . . for a reason unknown . . . to our unsuspecting hosts . . . but we kept our guilty knowledge . . . to ourselves . . . and murmured our regrets . . . after all it might have been worse . . . Then there is one Canadian Christmas . . . we still like to think about . . . It was on an Indian Reserve . . . a hundred miles from anywhere . . . and for our Christmas dinner . . . we "lived off the country" . . . as was the custom . . . in those hardier days . . . There were stuffed partridges . . . and cranberry sauce . . . both of which came . . . from a frozen muskeg near by . . . there was baked wild rice . . . and dried blueberry pie . . . and a Christmas pudding . . . which had come all the way from England . . . tied up in cotton cloth . . . But all day long . . . we had vainly watched the snowy lake . . . for a sign of the Hudson Bay Company's dog team . . . bringing the Christmas mail . . . Evening came . . . the ice cracked and boomed . . . but not a sign . . . Just at bed-time . . . there was a distant yelping . . . then the crack of a long leather whip . . . and the hoarse cry of the driver . . . "marche" . . . "marche" . . . "marche" . . . Presently they were at the steep bank . . . then up it to the open door . . . The four great huskies . . . lolled back in their harness . . . and glared with wild green eyes at the family cat . . . (usually a peaceable animal) . . . spitting at them . . . from his refuge under the polished stove . . . The half-breed driver . . . untied the gunny sack . . . yes, it was an English mail . . . and there was a battered box . . . full of cotton wool . . . surrounding a single spray of holly . . . It was hung in the centre . . . of a wreath of Canadian pine . . . and beneath it a candle . . . burned in the frosted window . . . "O, tidings of comfort, and joy!" . . .



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ONTARIO

Registered Nurses Association of Ontario (Incorporated, 1925)

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District 2 and 3, Registered Nurses Association of Ontario

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District 4, Registered Nurses Association of Ontario

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District 9, Registered Nurses Association of Ontario

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President, Miss V. Lovelace; Vice-President, Miss M. Hamilton; Secretary-Treasurer, Miss T. Graham, 222 Cooke St., Port Arthur; *Councillors:* Miss Jane Hogarth, Miss M. Wallace, Miss C. Lemon, Miss C. Chivers Wilson, Miss Flannigan, Miss Irene Hibditch.

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

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Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

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Medicine Hat Graduate Nurses Association

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BRITISH COLUMBIA

Nelson Graduate Nurses Association

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Vancouver Graduate Nurses Association

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Victoria Graduate Nurses Association

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President, Miss M. Mirfield; Second Vice-President, Mrs. Kirkness; Secretary, Miss M. King, 514 Ellice St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road; *Executive Committee*, Misses T. Locke, E. McDonald, E. Cameron, D. Frampton, Mrs. E. B. Strachan.

MANITOBA

Brandon Graduate Nurses Association

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ONTARIO

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QUEBEC

Montreal Graduate Nurses Association

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SASKATCHEWAN

Moose Jaw Graduate Nurses Association

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Alumnae Associations

ALBERTA

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BRITISH COLUMBIA

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MANITOBA

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ONTARIO

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INDEX FOR VOLUME XXXI

JANUARY — DECEMBER, 1935

Agnew, Dr. G. H., Nursing service for the community, *Aug.*, 343
Annunciata, Rev. Sister M., Teaching anatomy to nurses, *Apr.*, 168
Arent, M., Nurse anaesthetists, *Sept.*, 401

Ball, Dr. D. C., Nurses' clinical notes, *Jan.*, 25
Batson, M., A new horizon, *Aug.*, 357
Bennett, G. M., The school of nursing and the V.O.N., *Sept.*, 414
Bensley, Dr. E. H., Teaching chemistry to nurses, *Feb.*, 71
Biggar, Dr. J. L., Red Cross visiting housekeepers, *July*, 294
Brighty, K. S., An experiment in rural nursing, *Nov.*, 501
Browne, J. E., International friendliness, *Nov.*, 491
Bryce, L., On the trail of adventure, *July*, 298; *Aug.*, 352; *Sept.*, 404; *Oct.*, 446; *Nov.*, 496; *Dec.*, 539
Buhler, H. M., Can it be done? *Feb.*, 74
Biographical Notes: *Jan.*, 18, B. Harmer (A lost leader); *Feb.*, 59, J. I. Gunn, M. F. Hersey, J. Webster (Our honour roll); *Apr.*, 179, A. S. Kinder, M. Millman; *June* 254; F. L. Imrie; *July*, 297, J. I. Gunn (Nightingale medal); *Aug.*, 347; M. E. Birtles, S. E. Maxwell; *Oct.*, 464, L. E. Denton, M. Wilson.
Book Reviews: *Jan.*, 26; *Feb.*, 79; *Mar.*, 124; *Apr.*, 172; *May*, 212; *June*, 268; *July*, 309; *Aug.*, 366; *Sept.*, 418; *Oct.*, 460; *Nov.*, 508; *Dec.*, 554
Canadian Nurses Association:
  A call to action (Simpson), *Nov.*, 485
  Notes from the National Office, *Jan.*, 30; *Feb.*, 76; *Mar.*, 123; *Apr.*, 173; *May*, 219; *June*, 269; *July*, 313; *Aug.*, 367; *Sept.*, 416; *Oct.*, 461; *Nov.*, 509; *Dec.*, 553
  Remembrance Day (Wilson), *Dec.*, 540
Correspondence: *Feb.*, 65; *Mar.*, 113; *Apr.*, 162; *May*, 208; *June*, 256; *Nov.*, 497; *Dec.*, 542
Chambers, R., Minimum adequate food supply, *Oct.*, 451.
Charlton, F., The "burn" bed, *May*, 203
Coleman, F. E., Tuberculosis nursing in New Brunswick, *Feb.*, 67
Conroy, A. L., In rural Alberta, *May*, 211
Coward, Dr. N. B., The nervous child, *Mar.*, 117; *Apr.*, 165; *June*, 263

Dewey, F., The eight-hour day, *May*, 216
Dickie, A., Orthopaedic nursing, *Dec.*, 536

Editorials:
  Editor's Desk, *Jan.*, 19; *Feb.*, 63; *Mar.*, 111; *Apr.*, 161; *May*, 207; *June*, 257; *July*, 301; *Aug.*, 355; *Sept.*, 403; *Oct.*, 449; *Nov.*, 495; *Dec.*, 541
  Address to the graduating class, *May*, 197
  Community nursing bureaux (The way the wind is blowing), *Apr.*, 149
  Entente cordiale, *June*, 245
  From an "old dame", *Nov.*, 494
  National conference of social work, *Aug.*, 341
  Seeking new light, *Dec.*, 533
  Why they stay away, *Oct.*, 437
French Canadian:
  Festival of Jeanne Mance, *July*, 293
  Fête de Jeanne Mance, *Oct.*, 442
Fisher, Dr. T. L., Some new therapeutic agents, *Mar.*, 101; *Apr.*, 155; *May*, 199.
Flanagan, E. C., and Eberle, H. M., The Montreal Neurological Institute, *Feb.*, 53; *Apr.*, 151
Flanagan, E. C., Preparing for neurological nursing, *Dec.*, 543

Greenwood, C. E., The evolution of a hobby, *Jan.*, 20

Hospitals:
  Brantford Hospital Jubilee, *Mar.*, 110; *Sept.*, 395
  Farthest North (Rundle), *Jan.*, 12
  Hospital for Sick Children, Toronto (Getting well in the country), *Feb.*, 57
Hanna, Dr. L. M., Nursing in the country, *Sept.*, 397
Hickey, E., The tuberculosis programme in Toronto, *Aug.*, 359
Hilton, Dr. G. E. M., The running ear, *Nov.*, 505

International relationships:
An Icelandic Nurse, *Oct.*, 441
Canada and Denmark, *May*, 202
International friendliness (Browne), *Nov.*, 491
Irvine, Dr. A. D., Radiotherapy, *Sept.*, 389

Jamieson, N. M., Nursing care in scarlet fever, *Jan.*, 14
Jones, M., Where do we stand? *Aug.*, 363; *Sept.*, 409

Kaniewska, J., School health inspection in Poland, *Feb.*, 69
Kelsey, F., Observations on toxaemias of pregnancy, *Nov.*, 487

Lamb, M., Your first case, *Mar.*, 120; *Apr.*, 170
Lindeburgh, M., Nursing education in Canada, *Mar.*, 115; How the curriculum stands, *June*, 259; Impressions of the N.L.N.E., *Aug.*, 356

MacKenzie, J. A., The Junior Red Cross in Canada, *Aug.*, 349
MacLennan, K., Teaching the care of patients suffering from communicable diseases, *Oct.*, 455
McCallum, E. E., Miss Imrie of the J.H.H., *June*, 254
McCallum, K. B., Private duty, Manitoba style, *Feb.*, 73
McCormick, M., Maternal and child health services, *July*, 303
McKee, E. M., Home nursing instruction, *Feb.*, 61
Maynes, M., Allder flats, *Nov.*, 503
Moodie, M. B. A., The patient hears the diagnosis, *Feb.*, 58
Moore, N., Some essentials in a health programme, *Dec.*, 547
Mental and neurological:
Montreal Neurological Institute (Flanagan and Eberle), *Feb.*, 53; *Apr.*, 151
Nervous child (Coward), *Mar.*, 117; *Apr.*, 165; *June*, 263
Preparing for neurological nursing (Flanagan), *Dec.*, 543
Ward personnel in mental hospitals (Stevenson), *Jan.*, 5
Miscellaneous:
New therapeutic agents (Fisher), *Mar.*, 101; *Apr.*, 155; *May*, 199
Nurse anaesthetists (Arent), *Sept.*, 401
On the trail of adventure (Bryce), *July*, 298; *Aug.*, 352; *Sept.*, 404; *Oct.*, 446; *Nov.*, 496; *Dec.*, 539
On the wing, *Mar.*, 134
Radiotherapy (Irvine), Sept., 389
The patient hears the diagnosis (Moodie), *Feb.*, 58

News Notes: *Jan.*, 32; *Feb.*, 82; *Mar.*, 125; *Apr.*, 174, *May*, 221; *June*, 275; *July*, 315; *Aug.*, 369; *Sept.*, 419; *Oct.*, 466; *Nov.*, 511; *Dec.*, 555
Nightingale Memorial:
Nightingale Memorial (Fairley), *Jan.*, 10; *Feb.*, 78; *Mar.*, 109; *Apr.*, 163; *May*, 228; *June*, 270; *July*, 302; *Aug.*, 348; *Oct.*, 444; *Nov.*, 490
Nursing education:
A new horizon (Batson), *Aug.*, 357
History comes to life (class of 1937, Royal Alexandra School of Nursing, Edmonton), *June*, 261
Home nursing instruction (McKee), *Feb.*, 61
How the curriculum stands (Lindeburgh), *June*, 259
Impressions of the N.L.N.E. (Lindeburgh), *Aug.*, 356
Nurses' clinical notes (Ball), *Jan.*, 25
Nursing education in Canada (Lindeburgh), *Mar.*, 115
Teaching anatomy to nurses (Annunciata), *Apr.*, 168
Teaching chemistry to nurses (Bensley), *Feb.* 71
Teaching of dietetics (Roach), *July*, 307
Teaching the care of patients suffering from communicable diseases (MacLenan), *Oct.*, 455
Nursing practice:
"Burn" bed (Charlton), *May*, 203
Lobectomy: the nursing care (Riddell), *June*, 247
Night duty without tears (Stuart), *May*, 213
Nursing aspects of radiotherapy (Williams), *Oct.*, 438
Nursing care in scarlet fever (Jamieson), *Jan.*, 14
Nursing in the country (Hanna), *Sept.*, 397
Orthopaedic nursing (Dickie), *Dec.*, 536
Orthopaedic nursing (Orr), *Nov.*, 498
Observations of toxaemias of pregnancy (Kelsey), *Nov.*, 487
The running ear (Hilton), *Nov.*, 505

Obituary: *Jan.*, 40; *Feb.*, 88; *Mar.*, 136; *Apr.*, 180; *May*, 229; *June*, 278; *July*, 328; *Aug.*, 372; *Oct.*, 468; *Nov.*, 516; *Dec.*, 562

Off Duty: *Jan.*, 28; *Feb.*, 80; *Mar.*, 132; *Apr.*, 182; *May*, 230; *June*, 273; *July*, 326; *Aug.*, 374; *Sept.*, 422; *Oct.*, 470; *Nov.*, 518; *Dec.*, 564
Official Directory: *Jan.*, 41; *Feb.*, 89; *Mar.*, 137; *Apr.*, 185; *May*, 233; *June*, 281; *July*, 329; *Aug.*, 377; *Sept.*, 425; *Oct.*, 473; *Nov.*, 521; *Dec.*, 566
Orr, M. E., Orthopaedic nursing, *Nov.*, 498

Private duty:
Can it be done? (Buhler), *Feb.*, 74
Eight-hour day (Dewey), *May*, 216
Getting adjusted, *Dec.*, 551
Handy kit for private duty (Lamb), *Apr.*, 170
Private duty, Manitoba style (McCallum), *Feb.*, 73
What do you think about it?, *Jan.*, 23; *Apr.*, 170; *June*, 267; *July*, 311; *Oct.*, 450
Where do we stand? (Jones), *Aug.*, 363; *Sept.*, 409
Your first case (Lamb), *Mar.*, 120

Provincial Association Meetings:
British Columbia, *June*, 250; Manitoba, *Mar.*, 112; New Brunswick, *Nov.*, 492; Nova Scotia, *Oct.*, 443; Ontario, *June*, 252; Prince Edward Island, *Aug.*, 342; Quebec, *Mar.*, 106

Public health and prevention:
Canadian Public Health Association, *Nov.*, 486
Essentials in a health programme (Moore), *Dec.*, 547
Evolution of a hobby (Greenwood), *Jan.*, 20
Experiment in rural nursing (Brighty), *Nov.*, 501
In rural Alberta (Conroy), *May*, 211
Maternal and child health services (McCormick), *July*, 303
Maternity service in England, *May*, 209
Minimum adequate food supply (Chambers), *Oct.*, 451
Out in the sticks (Walker), *Apr.*, 166
Public health nursing in Canada (Wells), *Feb.*, 68
School inspection in Poland (Kaniewska), *Feb.*, 69
Timely warning, *Sept.*, 407
Tuberculosis nursing in New Brunswick (Coleman), *Feb.*, 67
Tuberculosis programme in Toronto (Hickey), *Aug.*, 359
Ultra-violet light in a health programme (Wood), *May*, 205
Upton, E. F., Some highlights on Quebec, *Mar.*, 106

Red Cross Society:
Junior Red Cross in Canada (MacKenzie), *Aug.*, 349
Red Cross outpost hospitals (Routley), *Mar.*, 104
Red Cross Visiting Housekeepers (Biggar), *July*, 294
Roach, F. M., The teaching of dietetics, *July*, 307
Riddell, D., Lobectomy: the nursing care, *June*, 247
Routley, Dr. F. W., Red Cross outpost hospitals, *Mar.*, 104
Rundle, M. F. Farthest North, *Jan.*, 12

Schools of nursing:
McGill School for Graduate Nurses, *Aug.*, 362
School of Nursing, University of Toronto, *Jan.*, 11
Simpson, R. M., A call to action, *Nov.*, 485
Stevenson, Dr. G. H., Ward personnel in mental hospitals, *Jan.*, 5
Stuart, E. M., Night duty without tears, *May*, 213
Social and economic aspects of nursing:
Nursing service for the community (Agnew), *Aug.*, 343

Victorian Order of Nurses:
The Victorian Order of Nurses, *June*, 255
The school of nursing and the V.O.N. (Bennett), *Sept.*, 414

Walker, E., "Out in the Sticks," *Apr.*, 166
Wells, A. E., Public health nursing in Canada, *Feb.*, 68
Williams, S. A., Nursing aspects of radiotherapy, *Oct.*, 438
Wilson, J. S., Remembrance Day, *Dec.*, 540
Wood, E. W., Ultra-violet light in a health programme, *May*, 205